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THE CANADIAN **DUPLICATE**

**Journal of Medical Science**

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No. 7.

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**Analysis by Prof. J. W. Mallet, of the University of Virginia.**

The Mass appears as a stiff dough, or soft solid, of light gray color, and marked acid reaction to test-paper. The contents of several bottles having been thoroughly mixed, the following composition was found for the mixture in 100 parts:

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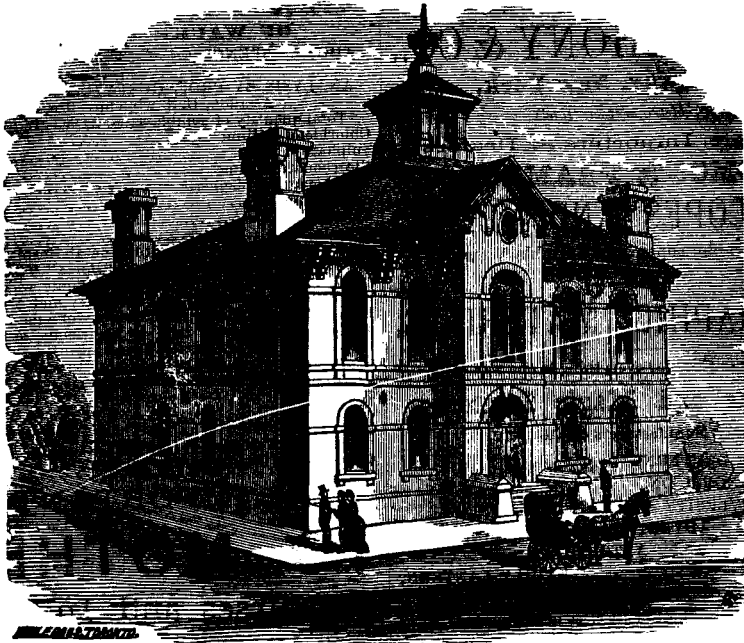
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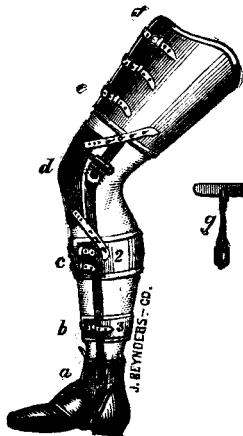
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THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

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

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TORONTO, JULY, 1876.

*Selections: Medicine.*

RELATIONS OF URINE TO SKIN  
DISEASES.

BY L. DUNCAN BULKLEY.

\* \* \* \* \*

We come now to the practical bearing of our study of the relations of the urine to diseases of the skin, namely:—

THERAPEUTICAL CONSIDERATIONS.—First we will take the matter of diet, hygiene and exercise. The variations in the urine both in connection with normal alimentation and the ingestion of injurious food have been very conclusively demonstrated by others, and it were well to regard these physiological considerations in the treatment of skin diseases. When the urine exhibits deposits of uric acid, urates, and oxalate of lime, there is evidence of imperfect action of the system, a sub-oxidation, whereby, in place of the complete combustion of the food, and the perfect elaboration of the products of dis-assimilation into urea, carbonic acid, water, and other elements fails, and oxalic acid represents, in the main this failure in respect to starchy and saccharine food, and uric acid and the urates the same for nitrogenous elements; (though it is true that this is not absolutely the fact in every instance, oxalic acid being also derivable from albuminous compounds.) These changes in the urine, then, which we have shown to be so very common in patients with affections of the skin, show the latter to be more connected with assimilative disorder than is granted by some, or apt to be thought of by most practitioners. I

cannot here enter further on the subject of the animal chemistry of these changes, but will merely state the practical lessons I have learned from them, without even stopping to give credit to the sources of my knowledge.

Over eating is not at all uncommon in skin patients; by this means undue amounts of alimentary substances are taken into the blood and the urinary disorder is but an indication of this, an effort of nature to rid the system of unneeded supply; nature, as it were, considers it unnecessary, or is unable, to fully oxydize this waste matter, and throws it off partially disintegrated. Or, there may be over eating in one particular direction, one patient takes more sugar and starch than is needed, another more meat; a proper regulation in this respect conduces to health, and consequently to recovery from skin diseases. Or, again, the amount taken at any one time may be greater than the organs can care for, some of the proximate elements enter partially elaborated and must pass off in the same manner; the remedy for this is frequent and small supplies of proper food, rightly prepared. But these urinary abnormalities, though often beneficial provisions of nature, cannot continue long without evils attending them, as we saw that experimentally the circulation of excrementitious substances caused disease.

Other elements in the production of urinary disorders are also such as induce skin disease, thus the use of fermented wines and ales often are the cause of both, or want of proper and sufficient air and exercise. No one of the elements which tend to good or bad health should be overlooked in treating skin diseases.



When speaking of the relations between the skin and kidney-functions, the alterations in the urine attending the use of baths were spoken of. This is a point too often neglected in Dermatological practice. We found that daily bathing augmented the total solid constituents of the urine, the urica and uric acid being increased, and frequent bathing, especially in baths slightly alkaline, and proper subsequent friction to the skin, will do much in removing cutaneous disease, both by accelerating the assimilative processes and keeping the pores of the skin in a condition to do their work. The benefits from visits to the mineral springs of Europe are largely due to this fact, Dr. Todd,\* when speaking of acne, says, "in many diseases of the skin we have found the greatest benefit from sponging sound parts of the skin two or three times every morning, with a lotion consisting of two drachms of nitro-muriatic acid and two pints of water."

Finally, many medicines are of benefit in diseases of the skin by virtue of acting in a manner calculated to affect the urinary secretion. Dr. Easton† reports most satisfactory results from the use of acetate of potassa in eczema and psoriasis, given in half drachm doses three times a day, an experience which I have long verified, and he gives some interesting details of the urinary relations during its administrations. The smallest amount of urine voided by any of his cases when under its influence was 54 ounces daily, the largest 120 ounces, an increase of about 14 ounces as a minimum, and 80 ounces as a maximum over that in health. The total solid constituents were also increased to 1026 grains daily for a minimum, and 1320 for a maximum, or from 200 to 500 grains of solid matter daily above the average of health, and with this increase the skin affection rapidly improved. The same is shown in the case I have quoted of Dr. Mapother, where under the use of the citrates of lithia and potassa the total daily solids excreted by the urine, as estimated roughly by specific gravity, increased about 200 grains as a minimum and 400 as a maximum, above that observed in the same patient before

treatment. The use of alkalies in treating diseases of the skin is of old date and urged in strong terms by those with much experience in these affections. Dendy\* thinks their efficacy, especially during the period of childhood, due to their "improving the quantity and quality of the renal secretions, which, in skin diseases, are often so unhealthy." Colchicum we have seen to have this effect in urticaria, and the mineral acids in proper cases do the same.

From what has preceded it will be seen that I cannot subscribe to the views entertained by some as to the local nature and treatment of the many affections of the skin. The German school, in which I was myself instructed, has done much to improve local cutaneous therapeutics, but it has also done much to discredit the dependence of skin lesions upon internal disorders, and thereby has, in my opinion, done much harm. It is true that a large measure of success may be obtained by the judicious employment of local remedies and that therein much of the skill of the specialist is often shown, but it is also quite as true, or even more certain that we can afford most permanent and satisfactory relief in certain skin diseases by a proper regulation of diet, exercise and medication tending to restore and keep the assimilative functions in perfect order.

\* \* \* \* \*

In conclusion, I may add that although as yet a sufficient number of accurate observations have not been made in the various diseases of the skin to enable us to state positively that such and such changes belong necessarily to one disease, and such others to another, still the indications of urinary derangement in these affections are such as to invite further study, and at the same time to furnish oftentimes very valuable assistance in the daily treatment of diseases of the skin.—*Archives of Dermatology.*

Sir. William Ferguson is dangerously ill. He is reported to be suffering from kidney disease and hypertrophy of the heart. Sir George Burrows and Dr. George Johnson are daily in attendance.

\*Copland's Encyclopædia of Pract. Med., 1833, Vol. 1. p. 31.

†Monthly Med. Jour. 1850, p. 422. Braithwaite, vol. xxi, p. 246.

\*Diseases of the skin during infancy and childhood. Phil. 1841, p. 20.

## HOW TYPHOID FEVER IS SPREAD?

DR. FRANKLAND, in a recent address to the Fellows of the Chemical Society on the Organic Impurities of Drinking-water, adduced, as a striking instance of the persistency of the typhoid poison when diffused in water, the outbreak of a violent epidemic of typhoid fever in a Swiss village through the use of spring-water which, after contamination with the poison, had filtered through nearly a mile of porous earth, but had nevertheless lost none of its virulent properties. The occurrence in question is one of the most remarkable, if not the most remarkable, on record, and the circumstances in connexion with it have been exhaustively investigated by Dr. A. Hägler, of Basle. The facts have been set forth by the late Professor Parkes in the last volume of the Army Medical Bluebook, and briefly by Professor Frankland in a communication to *Nature*.

In the village of Lausen (on the railway from Basle to Olter) epidemic enteric fever had never occurred in the memory of man, and the neighbourhood was also free. The ground consists of marl and lime, and is tolerably water-holding. Certain well-water was only used by the inhabitants of six houses, while the other inhabitants (780, in 90 houses) used the water from a public spring which arises at the foot of a hill, the "Stockholden." This water is received into a reservoir, and then led, by wooden pipes, into four stone tanks. On 7th of August, 1871, ten inhabitants were attacked, and, in nine days more, fifty-seven persons were sick with typhoid fever. These cases spread over the whole village using the spring water, but the inhabitants of all the houses which had wells of their own were entirely spared. To the end of October, 130 persons were attacked, besides several children; and, towards the end of the epidemic, two persons were attacked who lived in the houses which did not have the water from the common spring. The proof that the "spring-wasser" had distributed the "infectious matter" was based on the following:—Stockholden is a hill 300 feet high; its westerly spur extends into a little side valley. Through this little valley runs the Furler streamlet, beyond which the village of Lausen ends in the

"Ergolz." In the Furler valley were some scattered farm-houses. In one of these farm-houses, in June and July, two persons were attacked with typhoid, and later on two others. The latrines of these houses were all in direct connection with the brook, but this opens into the Ergolz below Lausen. After accurate inquiry it was found, however, that the Furler brook communicated directly with the spring descending from the Stockholden. It was known to the inhabitants of Lausen that when the meadows in the Furler valley were watered, the spring increased in amount; besides, about ten years ago, 100 paces below the infected houses in Furler valley, the upper earth strata had fallen in, and formed a large opening, into which some of the water of the Furler brook flowed without again reappearing. After the hay harvest in July the meadows were water-manured, and the spring in Lausen shortly afterwards obtained a turbid and bad-tasting water. The ground was geologically explored, and when the above-named spring was dug up, salt water was poured into the Furler brook and made the spring in Lausen quite briny. As Professor Frankland puts it in his communication to *Nature*, the passage of water from the irrigated meadows to the spring at Lausen was proved by dissolving in it, at the meadows, eighteen hundred weight of common salt, and then observing the rapid increase of chlorine in the spring water; but the most important and interesting experiment consisted in mixing uniformly with the water fifty hundred-weight of flour, not a trace of which made its way to the spring; showing that the water was filtered through the intervening earth, and did not pass by an underground channel. The conclusion is obvious—viz., the risk which attends the use, for dietetic purposes, of water to which even so-called purified sewage gains access, although, as in the case of Lausen, such water may be used with impunity until the moment when the sewage becomes impregnated with typhoid poison.—*London Lancet*.

WE regret to learn of the death of Dr. Andrew Wynter, at his residence, Chestnut Lodge, Grove Park, Chiswick.

**GERHARDT'S PLAN OF EMPTYING A DISTENDED GALL-BLADDER CAUSED BY GASTRO-DUODENAL CATARRH.**—Dr. Forcheimer reported that on May 3rd a child 1½ years of age was brought to him, the mother stating that two days previously the child had vomited and had had loose bowels, and a slight fever. It then suddenly became very yellow. When seen by the speaker it was constipated. The liver dulness was slightly increased. In the fissure for the gall-bladder he found a small, smooth, round tumor. The diagnosis was readily made. There was stenosis of the ductus communis and distension of the gall-bladder with bile, caused by catarrh of the duodenum. He immediately adopted Gerhardt's plan of squeezing the bladder between the fingers, when he felt a slight gurgling, showing that the mucus at the extremity of the duct had given way. When brought back two days afterwards, jaundice had entirely disappeared. When excessive force has been used in this procedure the gall-bladder has been ruptured, causing peritonitis and death. Another plan sometimes successfully employed by Gerhardt is the use of the Faradic current, by which means the muscular tissue of the gall-bladder has been forced to contract and thus expel the contents of this viscus. Dr. Whittaker remarked that in order to avoid the danger of rupture referred to by the previous speaker, the gall-bladder had been frequently tapped from time to time, and the fluid withdrawn without any unpleasant symptoms.—*Cincinnati Academy of Medicine.*

**TREPHING IN EPILEPSY.**—(*Nashville Journ. Med. and Surg.*, Feb. 1876) Professor W. T. Briggs reports the case of a man, aged 30, who had been subject to epilepsy for many years, the disease following a fall upon the head. An old scar was found in the scalp about the middle of the right parietal bone, with a slight depression. A disk of bone was removed, having a small exostosis on its inner surface. At the end of six weeks he had entirely recovered from the operation. All his nervous symptoms had disappeared, and there had been no return of the convulsions which formerly had occurred weekly.

**THE TREATMENT OF TAPEWORM.**—A return of the quantity of the several drugs in most general use for the treatment of tapeworm in the public hospitals of Paris during the last ten years has been made by the Director of the Central Pharmacy. A comparison of the relative quantities consumed during the first and second halves of the decennium, supplies an interesting indication of the professional verdict as to their relative value. The average quantity of kouso consumed annually was more than twice as great during the four years since 1870 as during the six years before. The amount of pumpkin-seeds employed has not quite doubled; that of pomegranate-bark has remained almost stationary; and that of the male-fern has more than doubled. Kouso and male-fern thus appear to be the remedies on which Parisian experience shows most reliance can be placed. M. Colin, however, in a recent paper on "Tania in the French army," advocates very strongly the use of pomegranate-bark. He asserts that when the precaution was taken never to administer a purgative before the vermifuge, the head of the worm was expelled, in three cases out of four, by a single dose. A purgative given before simply tears away the segments, leaving the head attached, and the head is then undisturbed by the special medicine.—*Lancet.*

**GALLIC ACID IN ALBUMINURIA.**—Dr. J. T. Jamieson (*American Practitioner*) records two cases of albuminuria, as a sequel to scarlet fever, successfully treated by gallic acid. He gave teaspoonful doses of the saturated solution every two hours. He thinks that the gallic acid is carried unchanged to the congested and inflamed capillaries of the secretory portion of the kidneys, acts as an astringent and tonic to them, and promotes their contraction, thus arresting the exudation of the red blood corpuscles and promoting the normal secretion of urine. He has seen no bad effects arise from the free administration of the acid. It does not disturb the stomach or interfere with the appetite or digestion; but it does tend to produce constipation, so that the occasional use of a laxative is rendered necessary.—*Edin. Med. Journal.*

## Surgery.

### "CALAMITIES OF SURGERY."

This is the title of one of the very valuable series of "Clinical Lectures and Essays" recently published by Sir James Paget. It contains so many hints for the direction of those who devote themselves to the subject of surgery that a brief synopsis of it will not be unprofitable.

The author treats the subject under two leading heads; first, the care that the surgeon should exercise in deciding upon and recommending an operation; and secondly, the various necessary precautions that should be observed after an operation has been decided upon.

Under the first division of the subject, the author speaks as follows:—"First of all, the consideration that you are liable to these calamities should be an incentive to the most earnest and continual study of your profession, that you may avert all avoidable ignorance; and to constant discipline in watchfulness, that you may overlook nothing that can contribute to a patient's welfare."

"And you should study very carefully all of what are called the minor points of your profession. . . . I refer chiefly to the necessity of cultivating skill in dressing wounds, in the completion of operations, in the looking to all the seemingly little things that, after an operation, minister not only to a patient's comfort, but to his welfare."

"Next, let the liability to these calamities move you never to decide upon an operation except in consideration of the patient's interests alone." This is a warning which, it is to be feared, is not always as conscientiously followed as it ought to be. Rising surgeons, in their desire to acquire a reputation in their profession, too often undertake operations of doubtful propriety, from the fact that the issue of such operations is at best only problematical. On this point Sir James Paget very judiciously says:—"When an operation is decided on, you may add a desire for your own reputation to the motives that will induce you to do the best you possibly can for the patient; but this,

which is a very fair motive for the careful performance of an operation, is a very foul one in determining whether an operation should be done or not."

The next item of useful advice which the distinguished author presents is, "never to decide upon an operation, even of a trivial kind, without first examining the patient as to the risks of his life. You should examine him with at least as much care as you would for a life insurance. It is surely at least as important that a man should not die or suffer serious damage after an operation, as that his life should be safely insured for a few hundred pounds." After dwelling upon the importance of observing this precaution, at considerable length, Sir James Paget says in conclusion:—"If I were to count the number of preventible calamities in surgery that I have known, I should find the majority of them due to the oversight of personal defects in the patients operated on; defects in the habits, the constitution, or the previous diseases, which ought to have been ascertained before the risk of the operation was incurred."

Another most excellent piece of advice is conveyed in the following language:—"When you have decided on an operation, never make light of it. Never talk to the patient flipantly about its being what is called 'nothing,' a mere snip, a mere cut, a mere this or that. . . . You need not alarm the patient; you may say that the risk of an operation is not greater than that which he would incur for much less sufficient motives. . . . So you may fairly guard yourselves, and give your patients a just measure of warning, by saying that the risk of a proposed operation is not greater than the risk of this or that thing which they willingly do for amusement. But unless you are prepared to say that the risk is not greater than ought to be incurred for the good which may be expected to follow, you ought not to do the operation at all."

Upon the amount of good likely to follow an operation, Sir James Paget says:—"The surgeon alone can in most cases estimate it. In most cases, therefore, we must take the whole responsibility of operations, for it is only on our statements that patients can rely in

judging whether they should submit or not, and most of them, even when they have our statements before them, are quite incapable of clearly and soundly judging. But there is a class of operations, in what I have called decorative surgery, in which we may justly put upon patients a much larger share of responsibility than they ought to bear when the question is one of life or death. When people want not to be cured of absolute deformity, which hinders their success or comfort in life, but to have this or that done of which it does not matter whether it is done or not, except for some personal vanity, let them understand that the operation is not altogether free from risk, and then let them take the whole responsibility of the matter."

Under the second division of the subject, Sir James Paget speaks as follows:—"Supposing, now, an operation to be decided on, first, don't be too ready to operate in your own houses or in your own rooms." After detailing the disastrous consequences of the removal, in his own room, of a simple encysted tumor from the back of a wealthy London merchant, by a surgeon of distinction, in the beginning of his professional career, the doctor goes on to say: "You may do an operation there with all dexterity and care, but you do not know what the patient will do afterwards. Especially let me advise you not to sound a patient for the first time, or to pass a catheter in a man of questionable general health for the first time, in your own room.

Another judicious precaution is put in the following words:—"Do not operate upon even small inflamed parts. . . . A man will bear a little tumor or a small cyst, or a small pile, so long as it is not inflamed; but when it inflames it teazes him, and he asks to have it removed with all speed. Don't do it. The risks of operating on an inflamed part are manifold, and much greater than the risks of operating on one that is quiet." He then relates the fatal issue of an operation by himself upon a simple encysted tumor upon the abdomen, which was acutely inflamed at the time of the operation, as illustrating the wisdom of observing this precaution.

"For another rule, always look carefully to

the condition of the room or the house in which your patient is living, and set aside, so far as you possibly can, all the risks that may thus be incurred. Look to the sanitary arrangements about the man." As an illustration of the wisdom of observing this rule, the author gives the details of a case of phymosis, upon which he operated by simple division of the prepuce, and which was followed by sloughing of the integuments, over two-thirds of the penis, and very nearly the whole of the scrotum. On looking about for the cause of this untoward result, he found that an article of furniture which he had before supposed to be a book-case, was a water-closet, the offensive smell from which had poisoned the atmosphere of the patient's apartment.

Another most salutary caution is put as follows:—"Never do an operation if you can cure the patient by any reasonable medical or other means. There are a considerable number of operations done for cases that should not be operated on at all; and these are amongst the very class in which the mortality of minor operations comes."

"Then, for another rule," says the author,—"If a disease can be cured by a bloodless operation as well as by one with cutting, choose the bloodless. This may be done in many more instances than you are apt to think." Cysts of the scalp are given as an illustration of the cases in which removal by the knife is unnecessary, all cysts being removable with much greater safety by caustics. The ligature of hemorrhoids is another example given of the cases that sometimes prove fatal when caustics would have served as useful a purpose, and been free from the risks of the ligature. So with cancerous warts and ulcers that occur about the face.

"Another rule: Be quite clear about carrying out carefully the last stages of all operations. I suspect that everybody in operating, when he has passed through the sort of mental tension in which he performs the most difficult part of what he has to do, when his attention has been completely occupied in some difficult task to be achieved, next feels his mind relaxed, his attention less keen, less ready for exercise than it was before. Be sure that these

are times of danger to your patient. As soon as the attention ceases to be as keen as possible, you are in risk of doing some mischief."

"One more rule I will give you: Look carefully to your apparatus. I have no doubt that you will look very carefully to the edges of your knives and your saws, and all things that are mighty to handle; but look to the plaster, look to the ligatures and the sutures, and all the things which are commonly called minor. When I have seen Sir William Ferguson and Mr. Spencer Wells operate, I have never known which to admire most; the complete knowledge of the thing to be done, the skill of hand, or the exceeding care with which all the apparatus is adjusted and prepared beforehand. The most perfect plaster, the most perfect silk, not one trivial thing left short of the most complete perfection it is capable of. I have no doubt that the final success of their operations has been due just as much to these smaller things as to those greater things of which they are masters. In contrast with their work, I have seen operations performed with great skill; and a piece of bad plaster or bad silk, or something left at home, has put the patient's life in danger. Not long ago, I remember, a patient had secondary hemorrhage after an operation, and the reason was that the sticking-plaster was bad. One of the things that was to control the hemorrhage was pressure by plaster; the plaster slipped, and the patient ultimately died of hemorrhage. Many an operation has been spoiled by bad silk, or bad needles, or bad something that was thought too trivial for care. Surgery could supply only too many illustrations of the wise proverb against those that despise small things."

The concluding clauses of this lecture contain such valuable counsel, especially to the young surgeon, that they are well worthy of being respected. The author says:—"There is but one thing that I am afraid of in telling you the risks and dangers that I have met with, and that is that you may over-estimate the probabilities of them, and be afraid of the responsibility which you must undertake. Well, after all, this incurring of responsibilities is decided rather by temper than by knowledge. There are some people who are ready for anything;

some that under difficulties shirk all they can. But of this I am quite sure, and you will see it proved, not only in surgery, but in every calling, the men who are most ready to take responsibilities, and to bear them lightly, are those who can best estimate beforehand what are the risks and the difficulties they incur; the men who, knowing what is to come, can therefore face it most bravely and with most success.

"Therefore study fairly and fully, beforehand, all the things that may occur to you in an operation and after it. Make yourselves, as far as you can, masters of each case, and generally masters of your whole profession, and then you will neither be afraid of your responsibilities nor ashamed of your failures."

#### NOTE ON THE TREATMENT OF TETANUS BY NERVE-STRETCHING.

BY GEORGE W. CALLENDER, F.R.S.,

*Surgeon to St. Bartholomew's Hospital.*

In a paper read before the Abernethian Society,\* Mr. Milner has advocated the treatment of tetanus by nerve-stretching, and in some observations on this operation upon nerve-trunks,† I have expressed my regret, in narrating a case of tetanus, that the peroneal nerve was not exposed and stretched. Since this was written no case of traumatic tetanus has come under my care, but had the opportunity been given me I should certainly have planned an operation such as I have indicated, supposing, of course, that the nature of the case permitted me to stretch a nerve-trunk between the site of injury and the nerve-centres. I am glad to hear that quite recently M. Verneuil has had under his care in La Pitié a case which he will, I hope, shortly publish. A man had suffered from a severe crush of the hand, and, following this, showed the symptoms of tetanus. M. Verneuil exposed the median nerve at the elbow, and the ulnar at the wrist, and proceeded to exercise traction on them. The patient recovered completely.

I hope that this note may lead to a further

\* St. Bartholomew's Hospital Reports, vol. xi., 1875, p. 237.

† *The Lancet*, June 26th, 1875; *Clin. Soc. Trans.*, vol. vii., 1874, p. 100.

trial of this method of treatment. The operation is not a severe one. The nerve is exposed and is stretched, when freed from its surroundings, by traction with an ordinary vulsellum, from its central connexions. No harm is likely to be sustained as a consequence. There is now abundant evidence, in the cases reported by Billroth, Nussbaum, and myself, of the tolerance with which nerves submit to forcible stretching, so far as the after-performance of their functions is concerned. In view of the unsatisfactory results of the treatment of traumatic tetanus as at present conducted, there is full justification for the performance of the operation as, at least, a last resource, although I should myself advocate its trial, as in the case under the care of M. Verneuil, as soon as the signs of the disease are distinctly recognized.

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#### LITHOTOMY AND LITHOTRITY IN LONDON.

In a paper read at the Medical Society of London on March 13th, Mr. Walter Coulson gave a statistical review of the results of these two operations in the London hospitals. The following were some among the principal conclusions at which Mr. Coulson arrived from the statistics furnished in his tables: Considering the general results of the two operations massed together, the author found that the number of cases of vesical calculus treated by operation in the four great hospitals during five consecutive years was one hundred and forty-eight, while the number of deaths was twenty-four. The general mortality was, therefore, one in six and one-sixth. At St. Peter's Hospital during the same period, the number of operations was sixty-seven and the deaths six, the general mortality being one in eleven and one-sixth, or nearly one-half. This remarkable difference the author attributed to the kind of operation selected. In the great hospitals lithotomy is the operation chiefly performed, while at St. Peter's the most frequent operation is lithotrity. This is a general view only. The question of age must be considered if we institute a comparison of frequency between the two opera-

tions. In some reports ages are given, in others not; but, allowing a proportion of one-third for persons under sixteen years of age, the tables show that in the great hospitals the proportion of adults cut to adults crushed is as eighty-two to twenty-nine. Hence lithotrity is applied to one-third of the total number of cases only. At St. Peter's, where the ages are recorded, the author finds that lithotrity is applied to three-quarters of the cases operated on. M. Civiale had long ago made the same remark, showing that the great hospital surgeons of Paris applied lithotrity to one-third of their cases only, while he applied it to three-fourths. Several returns from large provincial hospitals seem to show a similar preference of lithotomy. The preference, however, is more clearly shown in one of the tables, from which it follows that the total number of operations of lithotrity in the four great hospitals during a period of five successive years was twenty-nine; while at St. Peter's, during the same period, the number was forty-four—considerably greater than all the four put together: results, however, he said, form the most important point to consider. In the great hospitals the death-rates of lithotrity and of adult lithotomy are nearly equal, being as six to seven. At St. Peter's lithotrity is twice as successful as lithotomy. Again, the author pointed out that the reports of the four great hospitals show, for lithotrity, twenty-eight cases with five deaths, while at St. Peter's the cases were forty-three and deaths three. Finally, the author brought to light a remarkable coincidence between the results of lithotrity as applied in the three special departments of Paris, University College, and St. Peter's. In the special department of University College Hospital the mortality of lithotrity is one in sixteen. At the Necker Hospital the mortality is one in 15.6 (for twelve years). At St. Peter's (for five years) the mortality is one in 14.3. The author concluded that the difference of results often exhibited by the tables pointed toward a neglect of lithotrity in the great hospitals, and, he added, to the necessity of rendering the treatment of vesical calculus by the operation of lithotrity a special department of surgery. The latter conclusion is not, to our mind, an obvious one.—*Brit. Medical Journal.*

**MEDULLARY SARCOMA.**—Mr. H. G. Croly exhibited a specimen of medullary sarcoma of the testicle. The patient from whom the specimen was taken was a man 40 years of age, and was admitted within the past fortnight into the City of Dublin Hospital. The right testicle was of very considerable size, and as far as could be ascertained from the history of the case had been six months growing. According to the statement of the patient, he had received no injury whatever. The tumour presented the usual appearance of these malignant growths of the testis—flattened sides, deceptive fluctuating feel, and was enormously heavy in proportion to its size. There was no thickening of the spermatic cord, and as far as he (Mr. Croly) could discover, no enlargement of the glands, either in the lumbar region, groin, or pelvis. In order to make himself satisfied as to the nature of the tumour, finding it fluctuating, he punctured it, and drew off 2 oz. of hydrocele fluid. As that did not make any difference in the size of the tumour, he then plunged a trocar into the substance of it, and nothing came out but blood. Before the tumour was cut into, it presented the kidney-shaped appearance, and on making a section it resembled brain. It was a well-marked example of *fungus hematodes*, or what was known at the present day as “medullary sarcoma.” Dr. Barker, the curator of the museum, had kindly made a microscopical examination of the specimen, and he stated that it was a well-marked example of cerebriform cancer. It was magnified with a power of 500 diameters. Mr. Croly also showed another specimen, for the purpose of illustrating the fact that the disease occasionally attacked both testicles. The second specimen was removed from the body of a young man under his care in hospital.—*Medical Press.*

**APPLICATIONS IN URTICARIA.**—Prof. Hardy recommends the following lotion to be applied several times a day in order to allay the itching in Urticaria:—Chloroform ten, and oil of sweet almonds thirty parts. In obstinate cases he prescribes corrosive sublimate  $\frac{1}{15}$ th to  $\frac{1}{4}$ th of a part, alcohol ten parts, and distilled water ninety parts. He gives also internally alkaline medicines, and if these do not prove efficacious he resorts to arsenic.—(*Union Medical.*)

**ENCHONDROMA.**—Mr. W. I. Wheeler exhibited the third or ring finger of a girl which he had removed on Thursday week. The cast which he also exhibited showed the condition of the finger on the admission of the patient. The patient was 17 years of age, and about nine years since a door slammed on the finger, and two years afterwards a tumour began to grow—that was the tumour which implicated the second and third phalanges. Another tumour—at the first phalanx—commenced to grow a few months afterwards, and these tumours gradually increased until they attained their present size. The larger tumour is about the size of a walnut, and the smaller one about the size of a hazelnut. The patient complained of considerable pain, and was unable to use her hand, and consequently—although the tumours were on her right hand—her left hand and arm were very much more developed. On examining the tumours they proved to be enchondromatous, and were elastic to the touch, and on cutting into the larger one it had rather a crisp feel, and the skin expanded for the purpose of its accommodation, but the skin was by no means contaminated by the tumour itself. He asked the curator of the museum, Dr. Barker, to examine these tumours microscopically, and he had stated that the large one was a specimen of simple enchondroma, full of cartilage-like irregular cells, with communicating thread-like connections. It appeared to him (Mr. Wheeler) to have been developed from connective tissue. It was not attached to the bone. There was no plate of bone connected with it. The small tumour commenced in the medullary cavity of the bone, and was of two forms—the hyaloid, and, he might say, mucoid forms of enchondroma, and showed large oval cells and also branched or stellate cells.—*Medical Press.*

**INJECTION OF AIR INTO THE BOWEL FOR THE RELIEF OF STRANGULATED HERNIA.**—Dr. Moritz Egger reports the following case in the *Med.-Chir. Centralblatt*, No. 4, 1876: He was called last July to see a female, seventy-nine years old, who was found in bed, suffering from intense abdominal pain, and with knees drawn up. She stated that, up to the present illness,



she had always enjoyed good health, but that three days before, while at work in the field, she suddenly experienced abdominal pain, which gradually increased to such a degree at night that assistance had to be called. She had had no passage since the commencement of the attack. The patient presented all the symptoms of intestinal strangulation, with nausea, and the anxious expression of countenance, and on examination a tumor about the size of a hen's-egg was found at the site of the right inguinal canal. After giving morphine internally and making warm applications externally, and after an enema, taxis was repeatedly tried without success. The patient refusing an operation, taxis was again tried ineffectually on the following day, when the patient was almost collapsed, and stercoraceous vomiting had set in. The author then introduced a long elastic tube into the rectum as far as it would go, and began to inject air slowly. After a time, the intestinal coils could be seen through the very thin abdominal walls to become distended, and suddenly a peculiar rolling noise, as if the air had overcome an obstruction, was heard, after which the hernia was discovered to have disappeared. Air was then allowed to escape from the tube, and the latter was gradually removed. Half an hour later the patient had a large stool, and then slept; five days afterward she had entirely recovered.—*New York Medical Journal*.

**EXCISION OF THE SCAPULA.**—Mr. McCormac, of St. Thomas' Hospital, on May 10th, excised the scapula and outer end of the clavicle for a very large tumour of the former bone. The nature of the growth was a mixed enchondroma and myxoma. The operation was completed in twenty-four minutes. There was very little hæmorrhage, although the subclavian artery was exposed, and the subscapular had, of course, to be divided. After the operation, the flaps of skin fell together readily, although a good portion of the integument had to be removed with the growth. On May 19th, the case was doing extremely well, under antiseptic dressing.

## Midwifery.

### PROFESSOR BUCKINGHAM ON VER-SION.

From the excellent "Notes of a Lecture" delivered by the Professor of Obstetrics at Harvard Medical School, and published in the *Boston Medical and Surgical Journal* for February 24, we extract some of the useful practical hints. Called to the patient and about to examine her, he says:—

"But perhaps the pulse is very feeble and very quick; her skin, which a few hours ago was moist and warm, has become cool, and she has had no pain for some time before you saw her. On the whole, then, it would be as well to wait for reaction to come on. If you interfere now, you may cut off the small chance which she still has. The doctor or midwife, who has been with her for hours before you came, has forgotten to feed her, and has neglected to see to her bladder. All he has been trying to do has been to hurry a case which would have done better if left alone. Give her any stimulant which she can take—wine, brandy, rum with milk, or broth, and if her depression be great let her have an opiate. 'An opiate,' you say, 'will put her to sleep.' Perhaps it will,—perhaps not; but I should hope for the former effect. If you can get her a few hours' sleep, she will wake with new strength, and you may go on with the turning or any other operation with much more probability of saving your patient; but if she is so very weak, the dose of opium which would produce ordinarily a long, and perhaps a suspicious or a fatal sleep, will simply stimulate her. Perhaps she cannot retain the opium; very well, throw under the skin an eighth or a sixth of a grain of morphia; and if in half an hour she is not positively warmer and more quiet, with a slower and stronger pulse, repeat it. As soon as this has been done, and before you begin to pass your hand, see to the bladder. Use a long gum-elastic catheter, and do not keep poking about under cover to find the meatus. Neither delicacy nor comfort requires this. See where your catheter goes. If you do not, you may put it up into the uterus in-

stead of into the bladder. . . . Keep as calm as you can. You will learn nothing by being excited or hurrying. First of all, wash your hands clean. Use hot water, soap, and a nail-brush. If you get into the habit of doing this work without washing, you will soon get careless and go from some case of contagion to do your work. . . . You may feel the child's ribs or an axilla, which is not to be mistaken for the cleft of the nates. The hand may be the part you first touch; do not mistake it for a foot. How is this possible? Why, the parts may be so contracted about your hand that your touch is very much impaired. Still, you may be able to close the fingers into the palm, and you may be able easily to make out the thumb. . . . Suppose you have a foot, draw it down. It does not advance. Well, do not let it go back. Hold it firmly, and, during the next interval between pains, manipulate with the other hand on the outside of the abdomen, and you will soon find a change taking place in the form of this, and an advance going on. If not, you feel sure that if you could get both hands into the uterus you could easily turn the child. That, of course, is impossible, but you can many times do what will be equivalent to this. With the help of an assistant you can pass a noose over your forearm and up over the ankle of the child. That is as good as one hand, and will enable you to make traction yourself; or, still better, you can let an assistant draw steadily upon it, while with one hand in the uterus and one outside you manipulate to advantage. If the child is surely dead you may grasp the foot with a strong forceps instead of using the cord.

"But suppose you are sure that it is a hand, do not be alarmed. If there be room enough, let it alone, and hunt for a foot. You will be surprised at the amount of room in the uterus. You will be astonished at the number of limbs that you can feel—knees, elbows, hands, and feet seem to be everywhere. . . . We will suppose that you have got a hand and there is not room to feel for anything else; pull that down as far as you can,—and you need not fear making the case more difficult by doing so. Supinate the hand in the vagina, or out of the vulva if you can get it as far, and thus find

out which hand it is, and which way the child is lying. If the thumb and your thumb are on the same side when the palms meet each other, you will know that this hand corresponds with the one you are examining with. If the thumbs do not come together they are not hands of the same side. Furthermore, the palm of the supinated hand is aiming exactly in the direction of the anterior surface of the body, and the thumb is pointing in the direction of the head. Put a cord around the wrist to keep the extremity on one side or the other of the pelvis, while you again introduce the hand, and knowing where the head lies, where the anterior part of the body is, and where the back of the child is, you will have no great doubt about the position of the feet. . . . With all the care you can exercise, with all the knowledge you may possess, and with all the assistance you can have from others, these cases are frequently fatal to the child, even when you know that it was alive up to the time of the umbilicus passing out. You will often be surprised that your case has not terminated as you had anticipated. Do not promise too much. You may be mistaken in the result of your examination. You may be positive, during examination with a cramped hand, that there are more fetuses than one. You may be sure that the two hands that you have felt, or the two feet that you have reached, are of different sizes, and belonging to twins, and yet you find one child only. The truth is that everyone makes mistakes sometimes. If he says that he never made a mistake, you may be sure of this—either he does not tell the truth, or he has had a very limited business.

"And for the head. Still have the external abdominal pressure kept up, so that the uterus may not relax, and so that the chin may be well forced down. Now is the time, when the cord is most compressed; and a finger in the mouth, if the vagina be well dilated, and the perineum drawn a little back, will allow it to gasp, perhaps, and live a minute longer than it otherwise would. Surely it has sometimes been the case that a minute of intra-vaginal gasping has saved a life. . . . Remember the axis of the curve through which the child is passing, and do not pull it forcibly forwards against the

pubes, nor too far backwards against the sacrum. Remember, also, that by getting an assistant to put a finger into the vagina, and press back the perineum, you will cut off a part of the curve, and shorten the distance the head has to come. If it is retained when so far down, you can frequently disengage it by pressing a little backwards, and with a forefinger directing the chin a little to one side or the other."

#### NOTES OF A CASE OF HERPES GESTATIONIS.

BY BEVERHOUT THOMPSON, M. D., NEW YORK.

I was requested by Dr. Dew, July 7th, to see Mrs. M— a young married lady, twenty years of age, pregnant for the first time, eight months advanced; general health good, appetite tolerably fair, slightly constipated. On the 3rd of July her hands and feet began to burn and itch, causing her to scratch the parts; the itching increased, and by the 4th became very severe, when she noticed an eruption upon the ends of the fingers and toes. She was then seen by Dr. Dew, who described the eruption to me as consisting at that time of minute vesicles confined principally to the ends of the fingers and toes. He prescribed an ointment of one part of citrine and four parts of oxide of zinc ointment to be applied four or five times a day, and to avoid rubbing the parts as much as possible, which treatment she followed for three days without deriving much relief from the smarting and burning, when I then saw her. The eruption had extended to the backs of the hands and wrists, also to the feet and ankles; it was composed of vesicles grouped together, and on the feet and toes blebs were formed from one-fourth to one-half of an inch in diameter; she has always enjoyed excellent health, her mother, who was present, is a healthy-looking lady, whom I have known for the past five years, and neither she nor her daughter have ever had an eruption before. I immediately recognized the eruption as *Herpes Gestationis*, so clearly described by Dr. Bulkley in the *American Journal of Obstetrics and Diseases of Children*, as being an affection of the skin peculiar to pregnancy, dependent upon reflex uterine

irritation. I advised the *liquor picis alkalinus*, as there recommended ʒij to a teacupful of water, to be applied frequently to the parts, and also gave gr. ij Quiniae sulph. internally, three times a day. After using the medicine for a few days she began to get better, and improved rapidly, the vesicles dried up, leaving a slight discoloration, and by the 17th all traces of the eruption disappeared, the quinine was continued for several days longer. On the 28th of July she gave birth to a fine boy, after a natural labor, and is now doing well.—(*Archives of Dermatology.*)

#### CONCEPTION FORTY HOURS AFTER ABORTION.

Dr. J. Sparkman gives the following extraordinary case, in the *Charleston Medical Journal*. The patient had suffered from an abortion:—

My visit was about four hours after the accident, and there being no urgent or positive symptoms for interference, I simply prescribed quietness and rest. The husband requested me to return the next day and see her, as he had an appointment to leave home indefinitely, and did not wish to do so if her condition should forbid. On the next afternoon, about twenty-seven hours after the abortion, I found Mrs. L. on a lounge, having suffered no pains or inconvenience since my previous visit. Her reply to my inquiry as to her health was: "I am quite well." I asked if there had been too much or too little *show*. She answered: "I have been perfectly *dry* since this morning, and never felt better in my life. I have eaten a good dinner." I left, with instructions to be careful, and to notify me if anything should go wrong. Her husband left at six o'clock the next morning, and was absent twenty-two days. About a week after his return home, one of their children required my services during the night, and I was detained all night. The next morning Mrs. L. was suffering too much to appear at breakfast. She sought my advice, and frankly told me that she had suffered terribly from sickness and nausea for about *three weeks*, and that she feared pregnancy, as her breasts were quick, and evidently swollen

or fuller. I stated that her husband had been at home only one week; that he had left her but two days after her miscarriage; that the nausea had commenced *during his absence*, and that, if it resulted from pregnancy, there might have been a double conception, when only one foetus was expelled, as twins were not always born together. She looked confused, and asked me "how long after a miscarriage before a woman could again get in a family-way?" Avoiding a direct answer, I inquired if she had been unwell at any time since her accident. She replied no, and then confessed that the last night her husband was with her, before his visit to Charleston, *feeling quite well*, she had submitted twice to his advances. This statement induced me to make a note of all the facts, and I watched the result anxiously. Subsequently the husband confirmed her story, and excused himself with an honest declaration, as I believe, that in view of his proposed absence she had invited or provoked his desires, by affectionate caresses, more amorous than usual.

The case progressed naturally, and she was confined two hundred and seventy-eight days from the date of my visit in October, after her abortion. And from due consideration of all the facts, I have no doubt that conception took place from the acknowledged coition within forty hours after said miscarriage. The infant was fully developed, and weighed ten pounds twelve hours after birth.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS, 1875-6.—These transactions are creditable to the profession of Arkansas, and will be read with interest by the profession everywhere. They embrace twenty-four reports, necessarily short, as the volume consists of less than one hundred pages, but pointed, substantial, and instructive.

Dr. R. G. Jennings has very full health reports of Little Rock for 1874 and 1875; and they are followed by a case of "Extra-Uterine Pregnancy of over thirty years' standing," reported by Dr. W. H. Fannin, of Oak Lodge, Indian Territory. The subject was a coloured

women aged sixty, who was married at twenty-five, and a few years after her marriage found a tumor to the left of the mons veneris as large as an egg, which steadily increased in size till it reached the spleen, with as steady loss of health. A physician was consulted, who advised against any attempt to remove the tumor. During all this time she menstruated regularly. In 1866 a fetid discharge from the vagina commenced, and has continued till the present time. Last August, whilst on the "night-glass," she felt some solid body pass from the vagina, and on examination found it to be a bone. Introducing her finger, she extracted, in the course of a week, twenty-five or thirty bones. On introducing his finger, Dr. Fannin found the vagina filled with a solid mass, "in which could be distinctly felt and easily moved many spicula of bone, one of which, an inch long, seemed nearly detached. An examination was made of the abdomen, the wall of which was thin. The uterus could be recognized in its normal position, somewhat larger than usual, sensitive when grasped and moved, but not painful. From the left of the lower part of the fundus, extending upward and backward to the spleen, can be seen and felt the outlines of a detached skeleton of a fetus, a section of the cranium being the most prominent; it is evidently separated from the rest of the skeleton, and can be moved under the abdominal wall in any direction for a short distance." The patient complains little, except of the offensive vaginal discharge. Dr. Fannin saw her in December last and removed a fragment of cranial bone.—*American Practitioner.*

DEATH FROM CHLOROFORM DURING LABOR.—The *Lyons Médicale* of April 9th records the death of a woman twenty-five years of age. The woman was in labor, and there being a shoulder-presentation, in order to perform version, chloroform was administered, under the sole direction of the sister in charge. The patient did not rally after the operation, and death occurred in ten minutes. The most singular feature of the case is, that neither the *chef-de-service* nor the *interne* on duty was summoned to see the woman till she was dead.

CONTRIBUTIONS TO THE DETERMINATION OF THE DIMINUTION OF THE UTERUS AFTER DELIVERY.—Dr. Serdukoff contributes an elaborate article (*Edin. Med. Jour.*) on this subject, based on measurements carefully made by himself on 150 women. The mode of measurement will doubtless be objected to by some, and it is certainly open to criticism, as being inherently somewhat deficient in exactness. Dr. Serdukoff relies on external measurements, preferring these, for various reasons, to internal ones. He concludes from his investigations that involution of the uterus is not complete until the lapse of from four to six weeks. The author's conclusions are as follows:—

(1) Involution of the uterus goes on more rapidly during the first few days of the puerperal period than it subsequently does.

(2) Involution of the uterus of healthy women goes on rapidly and with regularity.

(3) Involution, where the uterus is the subject of diseases, such as metritis, endometritis, or parametritis, goes on more slowly, and this varies with the amount of disease.

(4) The permanent contraction which takes place during the first few hours after delivery is a common occurrence. When it passes off, an increase in size begins to take place.

(5) In women delivered at the full time, involution goes on more quickly and regularly than in those prematurely confined.

(6) Length of labour retards involution.

(7) In adult primiparæ involution of the uterus goes on very regularly, but more slowly than in young primiparæ. In aged multiparæ involution does not go on so well.

(8) In women who suckle their children, involution during the first four days does not go on so quickly as in those who do not nurse. But subsequently the involution is quicker, though less regular.

(9) Afterpains are not necessary to a favourable involution; in fact, we are as well without them.

(10) In order to determine the involution of the uterus, its breadth only should be measured.

(11) Involution of the uterus goes on proportionally in length as well as in breadth.

(12) Super-involution and sub-involution occur as distinct uncomplicated pathological conditions.—*Brit. and For. Medico-Chir. Rev.*

## Medical Jurisprudence.

### THE EXAMINATION AND COMMITMENT OF THE INSANE.\*

BY A. E. MACDONALD, M.D.,

*Medical Superintendent, New York City Asylum for the Insane.*

(Concluded.)

We will suppose now that you have finished your conversation, have ascertained as much as you desire from third parties, and are ready to see the patient himself. The question will arise, in what capacity, or pretended capacity, are you to visit him? Often, perhaps I might say ordinarily, the friends have a great objection to your entering in your proper character as a physician; they are so afraid of alarming or offending the patient, and they will suggest and urge the adoption of all manner of disguises and false pretences. The patient has been raving about his immense wealth and gigantic speculations, and you are a broker come to negotiate with him, or he is a king, so you must be an ambassador from a friendly power. They will want you to personate a tailor, come to measure him for a suit of clothes, or a milkman come to solicit his custom, and they will be quite astonished if you show any wounded dignity, or decline to join in these *tableaux vivants*. Now, as a general rule, admitting of but very few exceptions, I should strongly advise you to be no party to any such nonsense. Insist upon seeing your patient, as you would see a patient suffering from any other disease, in your own character as a physician, come to examine and to help him. I have seen too many patients tricked into an interview with two strangers, invited to drive in a carriage, to sail up the river, or to visit a public institution, and only realizing their position when the key was turned upon them, not to warn you earnestly against the evil and the folly of such deceit. Apart from the humiliation of assuming such disguises, you place yourself at a disadvantage, as you have no excuse for asking the very questions which you most wished to have answered, and unless you are a clever actor you are more than likely to be discovered by him whom you seek to deceive. I remember to have been foolish enough to per-

mit myself to be introduced to a patient, as a clergyman who had come to dine with him. He nearly upset me on the spot, by asking me to say grace, and, although I managed to get through that, he soon involved me in a doctrinal discussion, that exposed my imposture in short order. Since that time, I have seen my patients as a physician, or not at all, and I think it will be to your comfort to make this your rule. I can imagine cases where a little deceit might not only be justifiable but commendable. If, for instance, you go to visit a patient, and find that he has provided himself with a carving knife, and sworn to kill any doctor who comes near him, I think, I don't like to advise you strongly but I really think that it would perhaps be justifiable, under the circumstances, if you didn't let him know that you were a doctor. As a rule then, have yourself introduced as a physician, otherwise you will find it difficult to turn the discourse upon that topic with which you are most concerned, the question of the patient's health.

It may appear to you to be rather a superfluous precaution, but I advise you to make sure of being able at once to recognize your patient from those who may surround him, by learning before you enter the room some particulars as to his dress or appearance. It is not a little awkward and embarrassing to address yourself to a bystander, under the impression that he is the patient, but it is a mistake that has happened, and might happen again. While the introduction is being made, a hasty glance at the patient and his room, will often tell you much. His dress and the arrangement of the furniture and accessories, may reveal the disorder of his mind. From his countenance too, much may be learned, not so much, of course, as if you had known him in his ordinary condition, and could thus bring comparison to your aid. But nevertheless, the physiognomy is a valuable guide, and you will look to it for evidence of depression, excitement, cunning or rage,

Entering into conversation with your patient, you will endeavor to elicit from him evidence of the existence of insanity. You will remember what I have said to you in a former lecture about insanity, in any given individual, con-

sisting in a departure from the normal condition of that individual, and not in any difference between himself and other individuals, or between him and any fixed standard. Hence, in your examination, you must compare him with his former self, taking into account his birth and breeding, the degree of his education, his occupation, habits and the like. What may be full proof of insanity in one, will be no proof at all in another. Say that you are looking for loss of memory, inability to repeat the multiplication table may reveal it in one, but another may never have learned it. So with loss of affection, loss of temper, loss of religious feeling, loss of anything else, make sure that there has been loss, not original absence. Remembering, also, what I have described as the characteristics of the two principal forms of insanity, you will expect the departure from the normal standard, in the maniac to be in the direction of exaltation, in the melancholic, in the opposite direction, towards depression. So you will select the topics of your conversation in either case, and having selected them, you will try to bring out delusions. I do not wish to be understood to imply that the presence of delusion is essential to the presence of insanity. A man may certainly be insane without holding any delusion, or at least any that becomes patent, under the most skilful and close observation and examination. I do think, though, that the want of evidence of delusion is more often due to our inability to elicit it, or the patient's cunning in concealing it, than to its absolute non-existence. Again delusions may be readily shown at one period in the progress of a case, and absent to all appearance at another. But a delusion is a very comfortable thing to get hold of when you sign a legal document, which may have to be defended in court, for judges and lawyers still cling to the idea, that there can be no insanity without delusion, and it may trouble you to convince them otherwise. Remembering what I have already said to you about delusions, that they are always connected in some direct relation with the person entertaining them, you will see that you will be unlikely to detect them by conversing on general and desultory matters. You must bring the subjects home to the patient himself, talk about his health, his business

affairs, his enjoyments, his family. Generally you will have learned something from your preliminary conversation with his relatives or friends, which will suggest the topics upon which you are likely to catch him. If you have not, you must be prepared to go over the whole ground, until you find his weak point. And here you will find the benefit of system. You might converse an entire day with an unquestionably insane man, going hap-hazard from topic to topic without causing him to reveal himself. The only proper and successful way is to have a regular order of inquiry arranged in your mind, and go from one subject to another methodically, until you hit upon the right one. I do not believe in monomania, as it is called, insanity in which there is a single false belief; but certain it is that we occasionally find patients whose delusions are confined in a very limited circle, or whose delusions, varied and numerous enough, escape detection until one false belief, the key-note of the whole, is touched upon. I remember, not long since, a patient coming to the asylum, who was to all appearance as well conducted and as sane as any of us. He gained the ear of one of the commissioners while coming up upon the boat, and told that gentleman so plausible and connected a story of wrong and injustice, and conspiracy, that he accompanied him to the asylum, fully convinced that a mistake had been made. As it happened I had seen the patient before, had, in fact, appeared before the Commission in Lunacy, which appointed a guardian over him and his property, and so, when he had repeated his story, more than ever convincing the Commissioner, I simply said to him, "but this will all be corrected when you are elected President, will it not?" And thereupon he launched into a string of extravagances, which very soon changed the mind of his would-be advocate.

Make sure, also, that what are at first glance patent delusions, are so in reality. Truth is stranger than fiction, and a patient may be merely stating a fact, or recalling an event, when he makes a statement that would appear incredible. Especially is this the case in regard to family scandals, and therefore, when a patient makes an assertion regarding one of his relatives, and that relative or others characterizes

it as a delusion, do not be too ready to believe them without further evidence. I remember a patient coming to the asylum in a condition of confirmed melancholia, with delusions of persecution and injury. Gradually his mind cleared, he lost his delusions one by one, regained his physical health, and was apparently quite himself again, save that he told a story of some unknown enemies entering the house in which he lived, and poisoning some food that was placed in the cellar. This seemed such an unlikely thing, and was so much of a pattern with the delusions that he had held, and which had left him, that we looked upon it as a manifest delusion, and waited for it to disappear also, and were not a little surprised when assured by other inmates of the house that the story was substantially correct.

So I say to you again, don't be too ready to accept improbabilities as of necessity delusions, and do not accept probabilities as delusions, merely because relatives who are affected by them tell you that they are such.

If all cases of insanity were as marked as the typical ones which I have described to you, your duty would be an easy one. But they are not, and you will find your difficulty in cases which more nearly approach the border-line of sanity. One thing in your favor, such cases do not have the pressing need of immediate restraint, which attend the more decided and acute; you will, therefore, have time for more extended examination and for repeated visits, if need be. This you must always insist upon, despite the objection and importunity of relatives. In England the physician is required to give, in his certificate, only those indications of insanity which he has observed at a single visit. In this country it is not so, and repeated examinations are permissible. Never allow yourself to be bullied or coaxed into signing a certificate unless you are positive that the patient is insane. It is no mere matter of form, but a very serious undertaking. Not only may you be condemning a man to underserved confinement, but you may be exposing yourself to serious punishment and loss of reputation. It is not very long since, a case occurred in this city, which illustrates this danger. It was before the change in the law, which now renders it necessary for the physi-

cian, making oath to a patient's insanity, to give the reasons for his belief. In this State then, as in other States now, he had only to testify to the fact, not to the reasons. A man was sent to the asylum on Blackwell's Island with two certificates, in due form, setting forth his insanity, and signed by two reputable physicians. The Resident Physician, Dr. Parsons, soon found that he was not insane, and so discharged him. Thereupon he commenced suit against the two physicians, and it was shown upon the trial that his wife and daughter had invented the story of his insanity, because he objected to the marriage of the latter. One physician had been foolish enough to take the assurance of the other, and the other had been foolish enough to take the assurance of the wife and daughter; one had only seen the man once, and from a distance. Both were compelled to pay the damages. So you see that it is not always safe to trust too implicitly to the relatives of a person alleged to be insane, and you will find in this and similar instances, a warning to rely upon your own judgment, not upon the judgment, or perhaps the self-interest of others.

When you have fully settled in your own mind that the patient is insane, the next step toward his commitment is the preparation of the necessary certificate. This is not always an easy matter; one may very often arrive at a conclusion upon a subject almost insensibly. The conclusion may be perfectly correct and unquestionable, but it will puzzle him to recall to himself the process of reasoning by which he has reached it, much more to make it plain to others. And yet this latter, is just what, in this instance he is required to do. I may tell you for your comfort, that of nearly six hundred patients, admitted to the institution under my charge, since the passage of the new law, but a very few have brought certificates that are perfectly correct and satisfactory. So far as I have heard, the same is true of other institutions in the State, and a recent English writer, speaking of his own land, says: "Scarcely a single certificate is ever sent in from a medical man, that has not to go back to him, for the correction of some error or insertion of something omitted." The points in which, as I have observed, certificates usually fail, are that they are alto-

gether insufficient or else too diffuse, that many things are stated which are irrelevant, that some things are stated as reasons, which are not necessarily reasons, and could only become so in the light of other facts which are not given; in short, that the writer of the certificate forgets, that it is not a mere memorandum for his own information, but a document for the examination of those who have never seen the patient.

You will remember that in the form of the certificate, which I read to you, the introductory words which precede the statement of the reasons, are these: "I further certify that I have formed this opinion upon the following grounds," and in the margin is the direction: "Here insert facts upon which opinion rests." In the space provided, I should first give the physical evidences which mark the departure from health. Remember, that insanity is a physical disease, and as such, must exhibit physical symptoms. You may then state what departure there has been from the patient's usual condition, in his habits, or his behavior, or conversation, in short in his general manner of conducting himself, and take care that you state, that it is a departure. Many certificates err in this respect. A physician finds a man beating his wife, or a woman using filthy and obscene language, and he simply states these facts. Now these are no proofs of insanity, *per se*, because many men of the lower class beat their wives, and many women of a depraved class use improper language, without being insane. They were proofs to him, because he knew from previous acquaintance with the patients, or saw by the character of their relatives and their surroundings, that this was not in accordance with their former custom. This constituted them proofs to him, and this he must state in order to render them proofs to others. He should also state where he obtains these proofs; does he know them himself, or have they been furnished him by others? So also with delusions, show plainly, in the certificate, that they are delusions. If a man says that he has no head, or that he has an elephant in his stomach, these are self-evident delusions, and it is enough to state them, but the larger number of delusions might possibly be true. They only



become delusions in your sight, because you know, or are assured, that they are untrue, and you must state this knowledge or assurance, and the source of the latter, in your certificate, if you expect to convince those to whom it is addressed.

I have told you to observe a patient's dress and surroundings in search of evidence of insanity. If you find a patient, ordinarily precise in his dress, neglectful and slovenly, or decked with tawdry adornments, it will constitute a certain amount of evidence, provided you state his former habit. But there are other things which are no proof at all. I frequently receive certificates, in which the physicians signing them, state as a reason, "the patient is confined by a strait jacket," or, "is tied down in bed." Now what possible proof of insanity is this, except by the most indirect implication? The patient did not put himself in the strait jacket, or tie himself down in bed. If he was violent, or destructive, state the fact, the means which others had recourse to are no proof. If they were, you might quote your being summoned as proof conclusive. Another mistake often made, is in merely writing the form of the disease, in the space left for reasons. To say that a patient is insane, because he has mania or melancholia or dementia, is equivalent to saying that he is insane, which is no reason at all. I have spoken of the error of not making the certificate full enough; avoid also the opposite error of making it too full. Do not be tempted to put in anything you are not perfectly certain of, just to round it off nicely. Prepare and sign every certificate, as if you had to support and defend it in a court of law; you can not tell how soon you may be called upon to do so. For in the matter of insanity, as in other branches of medicine, suits for malpractice are not uncommon. It is not very plain to be seen why a doctor, who conscientiously, and to the extent of his skill and knowledge, endeavors to do what is proper to be done in a case entrusted to him, and makes a mistake, as all are apt at some time to do, should be held to a stricter account than those in other professions and other walks of life. We never hear of a lawyer's being sued for malpractice because he has wrongly advised a client, although in

every case where there is a plaintiff and a defendant, one or the other must of necessity have received mistaken legal advice. Nor is it recorded that a clergyman has ever been sued for damages, because he failed to save the soul of a member of his flock, who had paid for a pew with that object. It is to our profession alone that the public look for infallibility, and the implied compliment must reconcile us to the penalties of their and our mistakes.

I shall pass from this subject, and conclude my lecture, by reading to you one or two faulty certificates, and pointing out wherein their faults lie.

"I further certify that I have formed this opinion upon the following grounds: He says that his wife is dead, and that he has lost all his property. He is untidy in his habits, and careless in his dress, neglects his family." Now there is nothing in this description that would not apply to many men whose sanity is never questioned. To make this certificate satisfactory, it should read somewhat as follows.

"He believes that his wife is dead, whereas I know that she is alive and well, and thinks that he has lost all his property, when his partner assures me that their affairs are in a prosperous condition. He is untidy in his habits, careless in dress, neglectful of his family, when formerly, as I am aware from personal observation, and the statements of his servants, he was very scrupulous in habits and dress, and of a very affectionate disposition towards his family."

Again. "She swears and uses obscene language continually. Says her husband is unfaithful. Has been drinking hard lately. Claims that a relative endeavored to kill her last night."

You might find a woman of whom all this might be said without her being insane. Written as follows, these reasons assume a different complexion.

"Although all her life a chaste and modest woman, and not in the habit of touching liquor, she has lately and suddenly become intemperate, uses obscene language and acts immodestly. She states that her husband is unfaithful, but can give no reason for thinking so, and claims that an attempt was last night made to kill her by a relative, who is in reality in Europe."

To conclude with a word of advice, which you may or may not take, as you see fit; inasmuch as the commitment of a patient to an insane asylum is a matter involving no little trouble at the time, and possibly no little annoyance in the future, I should strongly advise you to make it an invariable rule in such cases to exercise the utmost discretion, to hear all that is said, but say as little as possible yourself, and always to keep a memorandum of the case and its chief facts, your advice, prescription, &c., and you will then be able to answer any possible inquiry, whether judicial or otherwise.—*Am. Journal of Insanity.*

**MEDICAL EDUCATION.**—The April number of the *St. Louis Medical and Surgical Journal* contains an earnest appeal, by Dr. William S. Edgar, the senior editor, to the Missouri State Medical Association, for establishing a State Board of Examiners, by whom all who shall hereafter desire to practise medicine or surgery in Missouri must be examined. In the course of this appeal, Dr. Edgar asserts that the way into the medical profession has been made broad and easy, and the enticements so alluring, neither price nor brains being longer required; that with the unnecessary multiplication of schools comes sharp competition, with its disgraceful accompaniments, and that the show of a class must be made, even if all its members are beneficiaries and without preparation or qualification for the profession; that schools are established to give prominence to men and advertise them, not men selected to fill the chairs and give reputation to the school; and that the title M.D. is just as good, obtained by an ignoramus from an inferior college, so far as the public are concerned, as that obtained by a competent man from the best institution; and that personally he has no objection to low fees for medical teaching, or no fees, if a fair standard of preparatory education were required of the matriculant.

**HER MAJESTY** has conferred the Companionship of the order of the Bath, Civil Division, on Mr. John Simon, medical officer to the Privy Council and the Local Government Board.

## Translations.

### EXTIRPATION OF A MYOMA FROM THE INNER SURFACE OF THE BLADDER—RECOVERY.

This case, interesting and instructive, both on account of the nature of the tumor, and the mode of operation, is recorded in Billroth's *Clinic*. An intelligent boy, previously healthy, suffered during the last ten months from disease of the bladder. He had pain in making water, both in the glans penis, and in the abdomen, and after a time difficulty of micturition. In Glimberg he was examined with a sound, and a diagnosis of stone in the bladder made out. On July 3rd, 1874, he was brought into the clinic. After several examinations with a sound, and also per rectum and through the walls of the abdomen, no stone could be found, but the following condition was made out. In the region of the bladder, a little to the left of the median line, a hard tumor about the size of the fist could be felt through the abdominal walls, which was very movable, and appeared to be attached to the bladder. The same body could be felt through the rectum. The instrument glided over a rough, uneven surface, which, on one occasion, gave a peculiar click as though a stone was struck. Through combined manipulation with the sound, and through the rectum, it was shown that the tumor was attached to the posterior wall of the bladder and extended into its cavity, and that the consistence was that of a fibroid about the size of a man's fist. The nature of its attachment could not be discovered. There was some cystitis.

After these examinations, Professor Billroth made the diagnosis of a tumor of the bladder, probably a sarcoma or a fibro-sarcoma, and decided on a mode of operation which was carried out on the 15th of June. When the patient was put under chloroform the ordinary lateral section into the bladder was made, and the finger was introduced, when the diagnosis was confirmed. A firm tumor, about the size of a man's fist, was found to be attached to the posterior wall of the bladder. The section above the pubes was then made as in the high operation for stone. Both recti were divided at their base by means of a transverse section,

and the opening into the bladder was also enlarged by a transverse section. The tumor was then quickly torn from its attachment and removed. The pedicle, which was found attached to the muscular coat, was then removed, leaving the fibrous and peritoneal coats untouched. Both wounds were allowed to remain open, and a drainage tube was drawn through the bladder in order to draw off the urine and prevent it from oozing through the wounds. For this object it was quite successful.

On July 18th, the boy left the hospital cured, the wounds having healed up very rapidly. The tumor was found to be a myoma, and to be made up almost entirely of unstripped muscular fibres. Nowhere in medical literature is any account of such a tumor of the bladder mentioned. — (*Die Medicinische-chirurgische Rundschau.*

#### BILLROTH ON TRANSFUSION.

Billroth, who is not in favor of transfusion, has published several cases in which it has not been followed by any real benefit. He is decidedly opposed to its employment in patients suffering from chronic diseases, and even in acute anæmia, in which, according to some, it restores life almost miraculously, he has seldom seen it of any use. He has reported two cases of transfusion of his own, the second being of such interest as to be given in full.

G. R., female cook, aet. 29, was admitted Sept. 23rd, 1875, on account of an enormous osteo-chondroma which grew from the left side of the pelvis. The disease began two years ago, and at present a hard resisting tumor about the size of a man's head is attached to the horizontal ramus of the pubes, and so fills the pelvis as to cause extreme difficulty in emptying the bladder and bowels. It was decided to perform resection of the horizontal ramus of the pubes, and in this way to entirely remove the disease. Pus, having a bad odour, was being continually discharged from the vagina, a circumstance which led to the operation, as without it there was no hope.

On November 22nd, the patient was put under chloroform, and after compression of the abdominal aorta, that portion of the tumor out-

side the pelvis was removed, then the horizontal and part of the descending rami of the pubes were also removed. It was found, however, that the base of the tumor extended along the inner side of the pelvis, but after a good deal of trouble the whole of it was removed, and the cavity was tamponned. In spite of the compression on the aorta, the patient had lost a good deal of blood. During the operation the four extremities were bound with elastic bandages, notwithstanding which, however, the patient passed immediately into a state of collapse. Her head was then lowered to such an extent as to almost touch the floor, when she revived at once, although before her pulse could not be felt, and she had ceased breathing. The patient was kept in this position for about an hour, when, although she had somewhat recovered she was still so weak from the absolute loss of blood that it was not possible for her to exist until new blood was made. Billroth then determined, almost against his will, to try transfusion. The brachial artery was then opened and three ounces of defibrinated blood was injected into it. During the preparations the patient felt some pain and spoke a few words. During the operation the respiration and heart's action ceased. The patient was dead.

The post mortem revealed the left side of the heart empty while the right side was filled with blood, as also were the lungs. Billroth's impression was that the transfusion was the immediate cause of death.—*Die Medicinische-Chirurgische Rundschau.*

#### CHLORAL INJECTIONS IN CONVULSIONS OF INFANTS.

At a meeting of the Society of Medicine, of Paris, held on the 26th February last, M. Polaillon read a communication on the use of chloral injections in the convulsions of infants. The results obtained by him in eclamptic convulsions by the aid of chloral, led him to this new application. In two cases in which syrup of ether and the ordinary remedies had failed, M. Polaillon administered chloral gr. 0.20 in 20 grammes of water as an injection. Calm sleep and cessation of convulsions followed. Twenty-four hours after the first injection, a second was administered, and the cure was complete. —*Paris Medical.*

#### METHOD OF AVOIDING THE PAIN FOLLOWING THE USE OF THE ACTUAL CAUTERY.

From the columns of the *Gaz. Med. Ital.* we copy the following remarks of Dr. Levis in the *Giornale di Med.* (Milan) :—

I apply pure carbolic acid to the parts to be cauterized, which I then cover with some light compress; then, without letting much time elapse, that is before the anæsthetic action passes off, I apply the cautery. One may use indifferently liquid acid or crystallized, the first being applied with a pencil, the other melting with the warmth spreads itself on the part almost of its own accord.

If pain comes on after the extensive and deep use of the cautery, it will be well to renew the application of the carbolic acid; in my practice, however, I never found it necessary.

Now that the very great importance of the use of carbolic acid, as a local anæsthetic, has become familiar to me, I will employ, with greater frequency than formerly, the actual cautery in surgical operations, particularly in neuralgic pains and in painful chronic joint diseases, and I have always succeeded in obviating the pain in a satisfactory manner.

I hope the beneficial use of this agent may become well known, and may cause to be employed more frequently in practice the powerful therapeutic remedy of the actual cautery, which appeared for a long time to be abandoned by surgery.

#### LOCAL APPLICATION OF SILICATE OF POTASSA IN ERYSIPELAS

Prof. Alvarenga, of Lisbon, speaks of the silicate of potassa as the drug, which, after several years' trial, has never failed him in the cure of erysipelas. It is applied in liquid form. Its curative agency seems to result from its power of reducing the temperature. Even when applied to the healthy skin it reduces the temperature. In a series of one hundred and forty-eight physiological experiments the reduction varied from  $^{\circ}5.1$  to  $^{\circ}0.1$  (centigrade). In some few exceptional cases there was no diminution of temperature, and in some it first rose and then fell.

Of the pathological experiments the writer gives the results of forty-eight, in which the

temperature was taken twice a day, and no other treatment was used. Cures resulted in five, six, and seven days. Further on the average period of cure is given as four days. He makes a comparison of the curability of erysipelas by other drugs as to time, complications and cost, and in all the silicate takes the palm.

He says that in Brazil he has used it not only in erysipelas but in lymphangitis following elephantiasis; in acute cases it was "triumphant," and even in chronic cases the swellings left by previous attacks diminished notably under its use.—*Gaz. Med. Ital.*

#### TREATMENT OF COXALGIA AT BERCK-SUR-MER.

In the report of a meeting of the Society of Surgery of Paris published in the *Paris Médical*, May 4th, M. Cazin and M. Perrochaud, of the hospital of Berck-sur-mer, give the results of their experience in the treatment of coxalgia without operation. From August 1, 1872, to March 9, 1876, 212 were treated, of which eighty had gone on to suppuration. The average duration of treatment was 555 days. The average age was 9.36 years. The majority of cases were seven years of age. Of forty-four boys, with suppurating coxalgia, fifty-five per cent. were cured, and ten died. Of thirty-four girls twelve were cured, four improved, eight unimproved, and three died. The causes of death were, albuminuria, suppuration, tuberculosis, or pyæmia. When the general condition of the patients was relatively good, a cure was effected almost constantly in six months. When there were multiple fistulæ with good general health, sixty per cent. were cured. In those who had reached the last stage recovery was very rare. Coxalgia among the poor did better than those among the rich under maritime treatment. Almost all those cured walked without crutches. There were only two relapses. To change of air, the purity of the sea air, the respiration of alkaline iodides, the stimulation of the digestive organs, much of the benefit received was attributed. The local treatment was either a silicated bandage reaching to the axilla, opening at the side so as to permit of daily dressings and baths, or an apparatus for keeping up extension.

ON THE EFFECT OF FARADIZATION IN ACUTE RHEUMATISM. BY DR. ABROMOWSKI, BERLIN.

Recently Von Drossdoff has made public his observations in Acute Articular Rheumatism, which go to show (1) that the pain and tenderness are removed by the application of electricity, and in some cases it does not return; (2) that the disease under its influence is much shorter in duration; (3) that the tendency to recurrence is not lessened, but that these recurrences are shorter in duration.

In order to prove the truth of the statements, Abromowski made a number of trials in Frerichs Clinic. In conducting these experiments he differed from Dr. Von Drossdoff only in using a small brush instead of using a small sponge as one of the electrodes. The first statement of Drossdoff, Abromowski could not verify, even in the histories of the most favourable cases. He applied the electrical to each patient from ten to fifteen minutes daily, placing one electrode on the sternum and applying the other to the affected joint. In almost every case after the first application a diminution of the pain of several hours' duration ensued. Frequently patients could freely move the arms and legs immediately after the application. Lasting benefits usually ensued after several applications. The fever rose and fell with the severity of the local symptoms. A temperature over 40° cent. was never observed in any of the cases. The duration of treatment was ten days.—*Die Medicinische-Chirurgische Rundschau.*

TETANUS CURED BY MECHANICAL MEANS.

Dr. Calastre (*Gazette Medic. Lombarda*, No. 27), relates that a patient convalescing from several attacks of hæmorrhage of the skin and mucous membranes, was attacked with partial tetanus, probably of traumatic origin, following a wound in the sole of the right foot. The tetanic symptoms were characterized by rigidity of the muscles of the cervical region and of those of mastication. Quinine and chloral were given with indifferent results. The author then, considering that the tetanus was localised in the above-named muscles so that the patient could only be imperfectly nourished, overcame

the stiffness of the neck by forcible movements of flexion, rotation and extension, as far as voluntary movements were possible. He then separated the jaws by degrees, and from day to day the opening enlarged, and the patient could attempt to eat solid food. This treatment lasted about a month (August), and in the autumn the cure was complete.—*Bulletin de Thérapeutique—Paris Médical.*

ON THE TREATMENT OF RICKETS WITH BITCH'S MILK.

In Montbrunn-les-Bains in the Dauphine, which is known on account of its sulphur springs, the women allow their children to nurse at the breast until they are two or three years old, in order that the mothers may not again become pregnant. When the child dies before this time they take a young puppy and allow it to drink from the breast for some time. This explains the great number of dogs to be found there, particularly of the terrier species. Dr. Bernard remarked that nearly all the dogs which were nourished in this way were in the highest degree ricketty, whereas, the species itself was strong and healthy.

Rickets follows the same course in dogs as in man, with the exception that in the dog the deformity is never compensated for, but where a ricketty dog is allowed to suckle a bitch it soon loses its bone disease. Bernard allowed a ricketty child of twenty months to be nourished by dogs' milk; all symptoms of rickets disappeared. These observations were confirmed in 1874 by six successful cases.—*Die Medicinische-Chirurgische Rundschau.*

TREATMENT OF CHRONIC TORTICOLLIS.—M. Gubler, in a communication to the Society of Therapeutics, takes a different view to that usually held as to the nature of chronic torticollis, and considers this disease, in the majority of cases, as the result, not of muscular spasm, but rather of a cervical arthritis situated principally in the lateral articulation of the cervical vertebræ. If the patient inclines the head towards one or other shoulder, it is by a voluntary action of his muscles for the purpose of immobilizing the diseased vertebral articulations. Frequently then,—and in this opinion M. M. Dally and Cadet de Gassicourt agree—we ought to treat the arthritis, and not the muscular affection which either does not exist, or else has not the importance generally attached to it.—*Paris Médical.*

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, JULY, 1876.

THE MEDICAL COUNCIL OF ONTARIO.

WE devote a large space to the proceedings of this body, where our readers will see the action taken in regard to the irregularities complained of at the last fall and spring examinations; and although nothing like a full investigation was had, owing to the absence of several important witnesses, yet enough was elicited to convince the Council that if they wish to regain or secure the respect of the public and the profession, they must take some means of preventing the recurrence of such things in the future; and, hence, notwithstanding the violent protestations of certain members and the whitewashing report of the Committee appointed to investigate the matter the Council were compelled, by the force of public opinion, to make such a change in the examiners for next year, as will, in all likelihood, secure that decorum and dignity which should be the distinguishing characteristics of a Medical Board. It is no use for interested parties to declare that the accounts given of the proceedings at the late examinations were grossly exaggerated. We had the misfortune to take part in both examinations, and we declare positively that the accounts *were not and could not* well be exaggerated. When the person to whom the chairman appealed for a certificate of character, says that two examiners were stupidly drunk, and two others pugnaciously so, and the very learned and discreet President of University College declares that the proceedings were "perfectly disgraceful," and threatened to close the doors of the University

building against the Council examinations in future, we think our readers will agree with us in the strictures we have felt called upon to make, and will support our efforts to rid the Council and the profession of the disgrace resulting from such conduct.

It will be seen that on motion of Dr. Ross, thanking the University authorities for the use of their rooms, the Council virtually admit the whole matter, and apologize in the most humble manner for the irregularities complained of, resolving that they "express their regret for the occurrences during the recent examinations of this Council, and that this Council will use their utmost exertions to prevent the recurrence of the same in the future."

We are, therefore, satisfied that a majority of the Council, while allowing themselves to be cajoled into an effort to whitewash their colleagues, are heartily ashamed of the whole affair, and have given evidence of their desire to wipe out the stigma, by the thorough change they have made in their examiners for next year. We would remind the Council, however, that they are still on trial, and that it will require all the efforts of their friends, and a great deal more circumspection on their own part than they have hitherto manifested, to remove the ridicule and contempt with which they are still regarded by a large section of the profession throughout the country; but it is puerile for any member of the Council to think he can secure that support which is so much needed by any attempt at coercion, or withdrawal of advertising patronage, "because neither of the medical journals support the Council."

With all the peculiarities of the Medical Council, we confess we were surprised to hear men who make such a pretentious display of intellectual superiority and modern liberal opinions so far forget themselves.

We have different views of the mission of the press. Again, some members of the Council are continually asserting that the medical schools are trying to usurp the powers of the Council; but we would remind these gentlemen that they are indebted to the medical schools for their very existence as a Council; that the schools voluntarily gave up the very powers they are now accused of trying to take; that it

took many years of effort on the part of the schools to induce the Legislature to first call the Medical Council into being; and that the *profession* cares so little for the Council, that if it were not for the schools and the influence they exert on their old pupils throughout the country, the "Medical Parliament of Ontario" would soon be a veritable *cross-bones* Parliament, as it would be allowed to starve to death very shortly; and we venture to assure these gentlemen that if the medical schools of Ontario should unite in a crusade against the Medical Council, the "Medical Parliament of Ontario" would soon be like that of "Praise God Barebones."

We wish to call attention to the advertisement of the next meeting of the Dominion Medical Association, which takes place at Toronto, on August 2nd. We trust that a large attendance will assemble, and that the profession of Western Canada will muster as strongly as those of the Maritime Provinces did last year.

### Communications.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### CODE OF MEDICAL ETHICS.

SIR,—In a report of a meeting of a County Medical Society held not long since in some part of the Province of Ontario, I observed that it was resolved that the Society adopt the code of ethics of the American Medical Association; possibly the printer has done the County Medical Association an injustice in substituting American for Canadian Medical Association. However that may be, I would respectfully intimate to the members of the said Society that I learn, on undoubted authority, that there is in the Dominion a Canadian Medical Association, and that this Association adopted a code of ethics six years ago. I also learn that the next annual meeting of this Association will be held in Toronto on the 2nd of August next. I doubt not that the members of the aforesaid County Society will be welcome, unless, indeed, they unfurl the stars and stripes and declare themselves annexationists.—Yours, &c.,  
M. D.

### Book Notices.

*Recto Urethral Fistula.* By Edward J. Bermingham, M.D. New York, D. Appleton and Co.

*Fifteenth Annual Report of the President of Harvard College, Cambridge, John Wilson and Son, 1876.*

*Proceedings of the State Medical Society, held at Ann Arbor, Michigan, May 10th, 11th, and 12th, 1876.*

*A Report on Dermatology, read before the Kentucky State Medical Society at its Annual Session, April 1876, by L. P. Yandell, Jr., M.D., Indianapolis, 1876.*

*Statement of the Faculty of the Department of Medicine and Surgery in the University of Michigan regarding the action of the State Medical Society.*

*Specimen Fasciculus of a Catalogue of the National Medical Library under the Direction of the Surgeon General, United States Army, Washington, 1876.*

*National Medical Library.* Valuable exchanges from the publication of the Surgeon-General's office will be furnished for any of the following desiderata, or a fair price will be paid for them. These periodicals are specially wanted at the present time in order to complete the Subject-Catalogue of the Library. Very few of these missing volumes can be procured through the ordinary channels of trade. It is only through the co-operation of physicians, and by contributions from their shelves, closets, and garrets, that their collection can be accomplished.

*British America. British American Medical and Physical Journal.* By Arch. Hall. New Series, Montreal. Want No. 10, Vol. vi. and Vol. vii. (1850-52.) *Canada Lancet.* By W. E. Bowman, Monthly, Montreal. Want Nos. 11, 13, and all subsequent of Vol. 1. (1863-65); and after Vol. 1. *Upper Canada Journal of Medical and Physical Science.* By S. J. Stratford, Toronto. Want No. 7, Vol. 1, (October, 1851); Nos. 2, 3, 5, Vol. 2, Nos. 10, 12, Vol. 3; and all subsequent.

## Meetings of Medical Societies.

### ONTARIO MEDICAL COUNCIL, ANNUAL MEETING.

The Ontario Medical Council met at Toronto in the County Council Chamber, on June 6th.

Present: Drs. Aikins, Bethune, Campbell, Daniel Clark, Holder, Ross, Allison, McLaughlin, Berryman, Bogart, Carson, Brouse, W. Clark, Cornell, Edwards, Henderson, Dewar, Grant, Logan, Lynn, Henwood, Hyde, Irwin, Lavell, Macdonald, Morden, Morrison, Muir, and Vernon. The minutes of last meeting having been read, and approved, Dr. Edwards, the retiring President, made a few remarks referring to the necessity of having a suitable building wherein to hold their meetings, and to the failure of the Executive Committee to secure aid from the Government for that object. He referred to the scandal in connection with the spring examinations, and advocated a full and searching investigation. He upheld the wisdom of appointing examiners from among the members of the Council, though it might be well to extend the election to members outside of the Council.

Dr. Daniel Clark was unanimously elected President of the Council, and thanked them for the honour in appropriate terms. Dr. Duncan Campbell was elected vice-President. The Standing Committees of last year were re-elected, the late President and Vice-President taking the positions of their successors.

Dr. Dewar presented the report of the Executive Committee. It stated that in July last public prosecutors had been nominated; that a deputation had waited upon the Government to ask for aid toward defraying the cost of the examinations, but the result was unsatisfactory. The Committee also pressed upon the Government the necessity of remuneration of medical witnesses. The Committee recommended that a new method should be instituted for prosecuting unlicensed practitioners, and that a new code of rules and regulations should be framed. The report was adopted after a short discussion.

Dr. Campbell presented the Report of the Board of Examiners for the August and Spring Examinations, stating that he wished the press

who had circulated the scandal about the examiners at the last examination to know that it had not the slightest foundation.

Dr. Berryman stated that he wished to clear himself from any reflection that might be cast upon him owing to the clause in the report stating that the examination had been delayed owing to the lateness of the return of the papers from the representatives of Victoria College and Trinity College. He stated that owing to his having to examine in three subjects: Botany, Toxicology, and Sanitary Science, he found it impossible, without desecrating the Sabbath, to finish all three branches.

Dr. Grant moved, seconded by Dr. Macdonald, "That a Special Committee consisting of Drs. Brouse, Logan, Morrison, Bethune, Muir, Ross and Grant, be appointed to make a full and careful enquiry into the whole matter of the recent medical examination, and report to this Council, in order that the best interests of our profession may be guarded, and that the report be received and referred." Drs. Wm. Clarke, Dewar, Brouse, and Campbell spoke, urging a searching investigation.

### TREASURER'S REPORT.

Dr. Aikins submitted his statement, as follows:—

#### RECEIPTS.

Balance on hand.....	\$3,368 40
Taxes upon illegal practitioners.....	124 70
Dr. Pyne, Council Money .....	1,233 13
Matriculation Fees .....	698 74
September Examinations .....	930 00
April Examinations.....	2,820 00
Interest .....	67 51
Sundries.....	11 50
Total .....	\$9253 98

#### EXPENDITURE.

Expense of last meeting of the Council.....	\$1071 04
Accounts pass'd by the Fin'ce Com'tee.	884 22
Other accounts .....	52 55
Returning Officer's fees.....	60 00
Prosecution of illegal practitioners.....	85 00
Registrar's Salary.....	600 00
Expense of October Examination.....	657 00
"    "    April .....	730 25
Rebates of Rejected Students.....	272 00
Executive Committee .....	641 40
Postage.....	2 14
Balance on hand.....	4197 98
Total .....	\$9253 98

The report was referred to the Finance Committee.



## SECOND DAY.

The Council met in the morning, but adjourned to admit of the various Committees proceeding with their work.

In the afternoon Dr. Allison moved, seconded by Dr. Hyde, "That the Committee on Education be instructed not to recommend any member of the Council for Examiner, but that members of the profession outside the Council who have been selected by Medical Associations, or others whom the Committee believe to be capable of performing the duties, be recommended to the Council for appointment." Both mover and seconder referred to the general feeling of the profession being with them upon this point. After some discussion the motion was laid on the table, and the Council adjourned to allow the Committees to prepare their reports.

In the evening Dr. Cornell presented the report of the Printing Committee.

Some discussion ensued in Committee of the Whole, on the clause referring to the loose manner in which several accounts had been incurred by members of Council having authorized advertisements and printing without the knowledge of the proper officials. Considerable discussion ensued as to the amount of advertising that should be done, and as to the papers in which advertisements should be inserted. Dr. Edwards argued that the medical journals should not be patronized, because they had not supported the Council, and stated that the profession in Western Ontario would not support the medical journals so long as they did not support the Council.

Dr. W. Clark and Dr. Lavell differed from Dr. Edwards on this point, and thought that the action of the Council and its members ought to be a legitimate subject of fair criticism in the medical journals. The report of the Printing Committee was adopted, with the amendment that the Registrar should be empowered to insert advertisements to the extent of three insertions in two newspapers, and further only by order of the President.

## THIRD DAY.

The Finance Committee reported the accounts to be correct, and recommended that \$50 addi-

tional be paid the Treasurer as remuneration for his services. They stated that the expenses of the meetings of the Executive Committee had amounted to \$700, and recommend that the number of its members be reduced. The report was adopted.

In the afternoon session a deputation consisting of Dr. Walmsley and Boulby, from the Medical Association of the County of Waterloo, was introduced by Dr. W. Clark.

The object of the deputation as stated by them, was to request the Council not to grant a license to a Mrs. Eby, to practise as a midwife, urging that it would be establishing a precedent. On motion of Dr. Dewar, the matter was referred to the Registration Committee.

## REPORT ON THE ALLEGED SPRING EXAMINATION IRREGULARITIES.

*To the President and members of the Council:—*

Gentlemen,—In compliance with your specified request we have called various witnesses and made a full enquiry into the subject of the recent medical examinations, and beg to submit the following:—

1. The written examination was regular and satisfactory in every respect, except in the case of a German student, whose papers were passed in an irregular manner and contrary to the directions of the Council, although his standing was sufficiently high to enable him to qualify.

2. The chief irregularity was brought about in the oral examinations, owing to the unexpected absence (at the appointed time) of Drs. Bethune and Berryman, thus occasioning the delay complained of by the students. To obviate such in the future, we would urgently recommend to the Council that a change be made in the examiners, being fully of opinion that on so important an occasion the carrying out of the examinations should be attended with promptness and regularity.

3. In future the students presenting themselves for examination should be provided with an ante-room, so as not to obstruct the proceedings of the examiners by outside irregularities, such as experienced during the recent examinations.

4. For the future your Committee would recommend that every possible care be taken to maintain the honour and dignity of the profession, that every degree of justice be accorded to those coming forward for examination, and that no intercourse between examiners and students, such as would indicate the points of examination, should take place.

5. The examinations as a whole were satisfactory. Still, while regretting exceedingly that any irregularities should have taken place, we are of opinion that the published accounts of such were considerably overdrawn.

6. In the performance of the duty assigned your Committee, every opportunity was afforded all concerned to give such evidence as would in any way clear up the point at issue, and we feel satisfied that for the future your honourable Council will have no occasion to consider such irregularities.

J. A. GRANT, M.D.,  
Chairman of Committee.

Dr. Lavell then rose and said that as there was likely to be a discussion on the terms of the report, he would retire while it was going on.

Dr. Dewar said he would likewise retire.

Dr. Campbell thought that the terms of the report were not sufficiently explicit to explain away the charges which had been brought against certain members of the Examining Board. Certain charges had been widely published through the newspapers all over the country, and the community was looking for something being done by the Council to clear up these charges. He did not think the report submitted did so, the language employed was far too feeble.

It was then agreed to remit the discussion to a Committee consisting of the whole members of Council.

The President having retired along with the Registration Committee, Dr. Muir was voted to the chair *pro tem*.

Dr. Allison thought the report was incomplete, and did not define the true position of matters with regard to the irregularities referred to in it. He thought the report should state what these irregularities consisted of.

Dr. Brouse, as one of the special Committee,

did not think it was right that members of Council should speak so disparagingly of the report now submitted. He and the other members had worked earnestly and conscientiously in getting at the true facts of the case, and this was not done without a considerable deal of hard work. In the course of their enquiries they had examined fifteen witnesses, and they were sure that previous to writing out that report they had the facts of the matter clearly before them. Dr Campbell had stated that the report was feebly expressed. He could not see that it was so. It had been found that the examinations had been carried on regularly up to a certain time; that latterly some irregularities had taken place. It would be seen from the report that because of these irregularities the Committee had recommended that the faulty examiners be not again appointed, or, as the words of the report express it "that a change be made in the examiners." He thought this was saying quite enough, and did not know what stronger language could have been employed.

Dr. Allison thought that notwithstanding what Dr. Brouse said, the nature of the alleged irregularities should have been explicitly stated in the report. In the reports and letters which had appeared in the newspapers certain of the examiners had been accused of irregularities, and the report stated that the parties who had been guilty of these irregularities were Drs. Berryman and Bethune. Now, it appeared that these gentlemen were charged with something which, for the reason that it was not denied, might be murder or robbery, or something equally as bad for aught that he knew. He thought, therefore, that Dr. Grant ought to "take the bull by the horns," and come out with the whole facts of the matter.

Dr. Campbell understood that the charge against the examiners, as appears from the papers, was drunkenness. He, as Chairman of the Board, most emphatically denied the charge. There was an irregularity on the part of Drs. Berryman and Bethune in not coming up to time, and for this he had rated them soundly; and speaking of this he would just say that, notwithstanding they were thus made to wait for four hours, the students behaved themselves.

very creditably—indeed they were very forbearing—although at a later period they did misbehave themselves somewhat. With regard to the charge of intemperance, however, he gave it an unqualified denial. When Drs. Bethune and Berryman did come forward he did not notice that they were the worse of liquor, and he did not see where they could have got it during the day, for they did not leave the University till four o'clock next morning, and the only times they were absent from the examination rooms being during dinner and tea, when the Professor was present.

Dr. W. Clark thought that it would be better to adopt the report as read, for if they called for production of the evidence which formed the data of the report, much would come to light which they would not wish to be made public.

Dr. Bethune, Glanford, agreed with the previous speaker, as did also Dr. Ross, who was in favour of the report being adopted as a whole.

Dr. Berryman stood up, and wished to explain that the discussion of the report was not just, and that it ought to be expunged. He said that the reason he was absent was because of his child having got scalded on the day of the examination. He said if he had a friend present he hoped he would stand up and make a motion to that effect.

Dr. Brouse stated that he had been a friend to Dr. Berryman in the past, and had proposed him as a member of the Council, but with the evidence which he held in his hand bearing on the case he could not make any such motion. He hoped that Dr. Berryman would not push the matter any further and render it necessary for the evidence to be read to the Council.

The report was then adopted as read.

Dr. Allison then called attention to the motion made by him, and which had been seconded by Dr. Hyde, "That the Committee on Education be instructed not to recommend any members of the Council for examiners; but that members of the profession outside of the Council who have been selected by the Medical Associations, or others whom the Committee have reason to believe capable of performing the duties, be recommended to the Council for appointment." In explaining his reasons for making this motion, Dr. Allison hoped the

members would not oppose it without due consideration.

Dr. Hyde also spoke in favour of the motion, and thought that the present monopoly system should be done away with.

Dr. W. Clark spoke at length on the subject, after which,—

Dr. McLaughlan moved, seconded by Dr. Lavell, "That the Council will always endeavour to avail themselves of the services of the most competent examiners selected from the registered practitioners of Ontario."

Drs. Dewar, Bethune, Glanford, Macdonald, Campbell, and Berryman also spoke on Dr. Allison's motion, and were not inclined to favour it.

Dr. Ross was inclined to favour the motion of Dr. Allison. The question was one of much importance. It was apparent from the matters which had come up that day for their consideration that there was something wrong with their examinations. He thought also that it was unfair that none of the examiners should be selected from outside of members of the Council.

As it was evident that the meeting could not close their argument on the question that night,

Dr. Brouse moved, seconded by Dr. Irwin "That the motion of Dr. Allison be laid on the table." Carried.

The Council then adjourned at six o'clock to meet again at eight o'clock.

## EVENING SESSION.

The President took the chair at 8 o'clock.

### THE FINANCE COMMITTEE.

The Finance Committee submitted a supplementary report, on which the Council went into Committee of the Whole. The first clause stated that the examination of the Registrar's books showed that the contributions due from the members of the College had not all been collected, the amount collected being only \$1,190. The Committee therefore recommended that the Registrar be instructed to use all diligence to collect the overdue assessments.

On the clause being discussed,

Dr. Aikins stated that the Registrar had used all diligence short of suing the defaulters.

Dr. Morden suggested that it would be well to allow a public prosecutor to collect the fees

Dr. Campbell thought that if the Territorial Division Associations were deputed to collect the fees, and were allowed one-half the amount received from members of the College resident within such territorial division, there would be no difficulty about the matter.

The clause was amended by striking out the recommendation to request the Registrar to use further diligence to collect the contributions. The annual fee was fixed at one dollar.

The second clause, recommending the payment of the following amounts, was passed.

ACCOUNTS ORDERED TO BE PAID IN THE REPORT OF THE FINANCE COMMITTEE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO AT THE SESSION OF THE COUNCIL HELD IN JUNE, 1876.

FIRST REPORT.

McDongall & Gordon, profal services....	\$ 4 00
Dr. Edwards' account.....	52 75
Dr. Daniel Clark.....	14 20
Dr. Henderson.....	10 00
Dr. Wm. Clarke.....	37 93
Monetary Times.....	421 30
Willing & Williamson.....	140 00
Rolph, Smith & Co.....	94 30
Dr. Gramam.....	10 00
James Beattie.....	6 50
Globe Printing Office.....	53 10
Mail Printing Office.....	36 50
Dr. Fulton.....	5 00
The Treas. of the Council for past year.....	50 00
The Treas. for services during the present year.....	200 00

SECOND REPORT.

Dr. Morden for attendance at Examination Committee Meetings.....	\$20 00
Dr. McLaughlin " " " ".....	5 00
Dr. Dan'l Clark " " " ".....	20 00
Dr. Edwards " " " ".....	24 05
Dr. Allison " " " ".....	5 00
Dr. Henderson, travelling expenses.....	6 75
Dr. Lavell, travelling expenses.....	11 00

In Council, the report as amended was adopted.

THE CASE OF MRS. EBY.

Dr. Bethune brought up the report of the Registration Committee in the case of Mrs. Eby. It stated that the Committee met a deputation of medical men from the county of Waterloo Medical Association with regard to the case of Mrs. Eby, who had applied for registration, and after considering the matter, passed the following resolution:—"That the case of Mrs. Eby be referred out of courtesy to the representatives at large in this Council, as the matter had heretofore been under their consideration."

The report was adopted.

THE SELECTION OF EXAMINERS.

Dr. Allison's motion to alter the mode of appointing the examiners was again brought up for discussion, and was at once voted upon and negatived.

SALARIES BILL.

Dr. Allison's Bill to fix the salaries of the officials was read a second time.

The Council having first rescinded the clause in the report of the Finance Committee affecting the salaries, resolved itself into Committee of the Whole upon the Bill.

The salary of the Registrar was fixed at \$750 per annum; of the Treasurer, \$250; the allowance to members of Council while attending its meetings, \$8 per day, and to members of committee, \$5 per day.

The Committee rose and reported.

ELECTION OF OFFICERS.

Dr. Pyne was elected Registrar and Dr. Aikins, Treasurer.

The Council adjourned till nine o'clock this morning.

FOURTH DAY.

Dr. Morden moved "That a public prosecutor be appointed to institute proceedings against all irregular practitioners in Ontario, and to collect the annual fees from regular practitioners." Dr. Logan seconded.

Dr. Ross moved, in amendment, a resolution recommending that the Electoral Division Associations institute the necessary prosecutions against illegal practitioners.

Dr. Dewar spoke of the success which had attended the prosecution of illegal practitioners in his division. He stated that he knew of instances where any amount of evidence was forthcoming, but the whole case fell through, because of the disinclination of individual members of the profession to allow their names to be mentioned in the case. He was in favour of establishing electoral associations. Dr. Ross's amendment was lost. The original motion was carried.

Dr. William Clark moved "That Mr. Thos. Rollston, of Walkerton, and Mr. Hogg, of

Paisley, be public prosecutors for the county of Bruce." (Carried.)

Dr. Carson moved "That the members of this Council receive no fees for their attendance at the meetings of the Council." An amendment that the motion be laid on the table was carried.

Dr. Ross moved, and Dr. Allison seconded, "That the College of Physicians and Surgeons desire to convey to the Senate of the University of Toronto their sincere thanks for the use of the University Buildings, and also to express extreme regret for the occurrences during the recent examinations of this Council, and that this Council will use their utmost exertions to prevent the recurrence of the same in the future." After considerable opposition, this motion was carried.

Dr. Henwood moved "That this Council make application to the Legislature of Ontario at its next meeting, praying that the Medical Act be so amended that the territorial divisions shall return two members each to this Council instead of one." Dr. Henwood considered that business would be expedited by there being a larger number of members for Committee work, and that there would be a larger number from which to select examiners.

Drs. Wm. Clark and Bethune spoke against the motion. Dr. Ross favoured the motion. The motion was allowed to lie on the table.

Dr. Dewar presented the report on rules and regulations. The report was as follows:—

Your Committee have carefully gone over the voluminous correspondence in reference to Dr. J. L. Buckhart, and beg to report that Dr. Edwards, ex-President of the Council, being authorized to grant a temporary permit to practise to the said Dr. J. L. Buckhart, until the late spring examinations, at which Dr. John L. Buckhart failed to present himself for qualification; and, therefore, having failed to do so, your Committee report that Dr. John L. Buckhart, if found practising medicine in Ontario, is doing so illegally. Your Committee further report that they have received a tariff of fees from the Territorial Medical Society of Saugeen and Brock, and recommend the acceptance of the same by the Council, and that it receive the signature of the President and be

signed with the seal of the Council, and that the same become the legal tariff of fees for the said territorial division. Your Committee also recommend that the claim of Dr. Campbell, for expenses incurred in carrying out the instructions of the Executive Committee in making application to the Legislature of Ontario and the Dominion Parliament for Government aid to this Council, and in endeavouring to obtain a proper tariff of fees, to the amount of \$40, be paid.

In Committee, Dr. Ross moved, "That the clause referring to Dr. Campbell's claim be referred to the Finance Committee."

Dr. W. Clarke considered the clause should have the serious consideration of the Finance Committee.

The Chairman ruled the motion out of order. The report was received and adopted.

#### PROCEEDINGS OF COUNCIL.

Dr. Clark presented the report of Special Committee appointed to regulate the proceedings of Council. The Committee had only time to examine the by-law to end of section 8, subsection 2, and certain corrections in said by-law, and recommend that same corrections be embodied in said by-law, and that 100 copies of the said by-law be printed for distribution, by the Registrar, to the members of Council.

The report was received and adopted.

#### REGISTRATION COMMITTEE.

Dr. Bethune, of Glanford, presented report of the Registration Committee. The Committee recommend that Dr. F. Le. M. Grasett be allowed to register, on passing the final examinations before the examiners on the subjects required for such final examinations for the College of Physicians and Surgeons of Ontario, and that such examination be passed within one year from the present date. In the case of the persons referred to in the petition of Dr. Hope and others, and also the case of Dr. Chaffey, we recommend that they be allowed to register on compliance with the terms contained in the foregoing clause as applied to Dr. Grasett. We refer the application of Dr. E. H. Hubenstreet, of Buffalo, to the clause respecting the examinations which applies to his case, and recommend that the Registrar be

instructed to forward him copies of same. Your Committee have examined the Registrar's books and office and found everything in perfect order. It is also found that 93 persons have registered since our last report, 124 names have been added to the students' list, and that the Registrar has received notice of 12 deaths.

In reply to Dr. Dewar, it was stated by Dr. Bethune that F. Le M. Grasett had not passed his primary examination. There were many cases of the same kind coming up, and the Committee thought they would allow this matter of registration to stand for another year, with the view of eventually getting rid of it. He believed it was thoroughly understood that this would be the last year of such registrations being allowed.

Dr. Clarke considered it would be impossible for the Council to agree to such a resolution. They would have to repeal the by-laws and almost the whole statute if they allowed this to pass, as the examinations were fixed by by-law.

Dr. Lavell stated that he had known young men snapping their fingers at the Council, and stating that they would go to England and get themselves registered in spite of the Council.

Dr. Dewar said this same thing had been discussed before the Council a year or so ago. He would move, "That the clause referring to the registration of the medical men be expunged from the report."

Dr. Aikins considered that if they gave way in this matter they might as well throw away the Act. It was unfair that persons studying at other places and then coming back here should be recognized, and their own University not recognized at all.

Dr. Bethune proposed to amend the clause by striking out all words after "register" and insert the words "on complying with the rules of the Council." Carried.

The report, as amended, was received and adopted.

#### EDUCATION COMMITTEE REPORT.

Dr. Clarke presented the Education Committee's report:—The Committee recommend the following change in the curriculum: Elementary Botany (text book Gray's first lessons) to be added to compulsory subjects in matricu-

lation, and expunged from medical curriculum; also, that 6, 7, 8 books of Charles XII be substituted for 1, 2, 3 books, and that "Stewart's Physics" be added as a text book in natural philosophy. These changes to take effect in June 1877. The medical examinations for 1877 to be held in Toronto and Kingston, at such time as may be fixed by the President; that all students commencing their attendance on medical lectures after July, 1876, must submit to the annual examinations. The unsuccessful candidates for matriculation to have the usual rebate. The following were recommended as examiners on the subjects assigned them for the coming academical year:—Medicine, Medical Diagnosis, Pathology, and Medical Botany, Dr. F. Fowler; Surgery and Surgical Pathology, Dr. Robertson; Materia Medica and Sanitary Science, Dr. H. H. Wright; Midwifery, &c., Dr. Joseph Workman; Chemistry, theoretical and practical, Dr. Morrison; Anatomy, descriptive and surgical, Dr. McLaughlin; Physiology and Microscopical Anatomy, Dr. Grant; Medical Jurisprudence and Toxicology, Dr. Logan; Homeopathic Examiner, Dr. Morden; Matriculation Examiners, Messrs. A. McMurchy, S. Woods.

In discussing the arrangements for examinations and examiners' fees, Dr. Aikins spoke at some length on the importance of making the examinations as demonstrative as possible. It was the desire of the Council that students should possess practical as well as theoretical knowledge of the subjects upon which they were examined. It was an easy thing for a man to get up his anatomy from "Gray," and many of them who appeared to know "Gray" by heart had very little practical knowledge of anatomy. The speaker gave some striking and amusing instances illustrative of this, and concluded by saying that the Council had no desire to send out doctors who, if suddenly called to attend a patient who had met with an accident, would let him bleed to death before they could decide what to do for him.

The report was received and adopted.

#### REMUNERATION OF OFFICIALS.

Dr. Allison introduced a by-law fixing the remuneration to be paid to officials. The

Registrar's salary was fixed at \$750 per annum ; Treasurer, \$250 ; members' allowance for attending meetings of the Council, \$8 per day and travelling expenses ; members attending executive and other committees, \$5 ; Medical examiners \$100 ; Matriculation examiners \$2 for each candidate.

Detective Smith, of Toronto, was appointed public prosecutor for Ontario, provided that he gives satisfactory security that he will carry out the instructions of the Council.

Dr. McLaughlin moved, seconded by Dr. Ross :—"That the President, Vice-President and Treasurer be the Executive Committee for the year."—Lost.

The usual votes of thanks were passed, and a present of \$100 was voted to Dr. Campbell. Dr. Ross alone dissented, on the ground that although he had no personal objection to Mr. Campbell's receiving \$100, he did object to the establishment of such a precedent.

The Council then adjourned *sine die*.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the meeting of the Council in April last, Dr Sieveking was appointed Examiner in Medicine. With regard to the admission of women to the examination for the degree of L.M., it was agreed that Mesdames Jex Blake, Thorne, and Peachy should be informed that the members of the Board of Examiners in Midwifery having resigned their offices, the Council are obliged to postpone the holding of examinations for certificates of qualification in midwifery. It appears that Dr. Graily Hewitt has withdrawn his name as a candidate for the vacant Examinership in Midwifery, and the Council are not inclined to offer the appointment to the younger class of obstetricians. The Council, finding that the number of Fellows is yearly growing less, or in other words, that the number who take the fellowship by examination is insufficient to maintain the numerical strength of the present body of Fellows, has determined upon altering that examination in such a manner that it shall in future be less difficult for a member of the College engaged in practice to prepare himself for and to pass the examination for the fellowship.

## Miscellaneous.

M. Behier, Professor of clinical medicine in the Hôtel Dieu, Paris, died on May 8th.

A well-known dentist in Paris has been arrested, accused of having, for four years past, while drawing and cleaning teeth, introduced slow poison into rich patients' mouths, at the instigation of their heirs, and thus committed many murders. Two hundred witnesses are said to have been subpoenaed.

Mr. Thomas Keith, of Edinburgh, reports in the *London Lancet* fifty cases of ovariectomy in which the pedicle was divided by means of the actual cautery, as first recommended by the late Mr. Baker Brown. The results show 91 per cent. of recoveries, the best that this very successful operator has yet had.

PARISIAN MEDICAL STUDENTS.—The number of students of medicine registered this year by the Faculty of Medicine is six thousand five hundred. Six millions of francs have been voted to the city of Paris for the erection and perpetual endowment of additional buildings for this renowned medical school.

DEATH OF BALARD.—Balard, the famous chemist, and the discoverer of bromine, has recently died at the age of 73. Balard was Professor of Chemistry at the Collège de France, a Member of the Institute, and a Knight Commander of the Legion of Honour. He had attained the highest scientific post of his country, and received all the honours which in France are conferred on eminent men of science.

AN Englishman who insulated his bedstead by placing underneath each post a broken-off bottom of a glass bottle, says that he had not been free from rheumatic gout for fifteen years, and that he began to improve immediately after the application of the insulators. A local paper wisely adds: "There's many a fellow who could cure his gout, if he would break off the bottoms of his glass bottles in time."

**DEATH FROM ETHER.**—In the May number of the *Chicago Medical Journal and Examiner*, Dr. E. L. Holmes, Prof. of Diseases of the Eye and Ear in Rush Medical College, reports the death of a patient operated on by him for cataract. This patient had taken ether before safely and every care and precaution seem to have been observed in the administration on this occasion.

ACCORDING to the *Daily News* correspondent, Malta is not the place for a medical man desiring to realise a fortune. The professional fees of physicians and surgeons are regulated by an ordinance of Council, and are absurdly small. For a visit between sunrise and two hours after sunset, the "professor" is entitled to only one shilling; for a consultation, his fee is an additional two shillings. For a medical certificate, the tariff is half-a-crown.—*Brit. Med. Journ.*

**A PLEASANT WAY OF TAKING CASTOR OIL.**—Mix ten grains of powdered tragacanth with two drachms and a half of water; upon this pour very slowly, drop by drop, half an ounce of castor oil, stirring constantly with the pestle. When the mixture is complete, add about three ounces of water, an ounce of syrup, and a few drops of laurel-water. In this manner a white emulsion is obtained, in which the taste of the castor oil is (according to the *Paris Medical*) quite masked, and replaced by the perfume of the laurel-water.—*London Lancet.*

**BROMIDE OF IRON IN CHOREA.**—Prof. Da Costa prefers bromide of iron to all other remedies in the treatment of chorea. He gives it in increasing doses, commencing with five grains for a child, and rapidly increasing to twenty grains. He states that it is also of much value in the treatment of incontinence of urine in children, local chorea or clonic muscular spasms, as twitching of the eyelids, etc., in hysterical women, is often cured by bromide of iron, when other remedies have failed.—(*New Remedies.*)

**IODIDE OF POTASSIUM.**—Dr. Laurie, of Glasgow, holds that the one distinct and indisputable action of iodide of potassium is that of stimu-

lating the mucous membranes. He states that in cases of chronic, hard, dry cough, hours of suffering may be obviated by taking advantage of the powers of iodide of potassium to restore and promote the secretion of the bronchial mucous membrane, thus relieving the congested bloodvessels and producing comparative tranquillity of breathing. When the secretion of mucous has set in, the salt should be used with caution, or its administration discontinued.—*Ed. Med. Jnl.* (June), from *Brit. Med. Jnl.*

**VALENTINE'S MEAT JUICE.**—During the latter part of the winter, the manufacturers sent me a dozen bottles of this preparation. More than half of this supply was used in the wards of Charity Hospital. It is undoubtedly the very best of all the various concentrated meat foods which have been furnished the profession. It was given with especial benefit to cases of typhoid fever, yellow fever, chronic diarrhoea and dysentery, pulmonary phthisis, and to patients in the third stage of pneumonia. In private practice I have found it invaluable in all forms of disease—adult or infantile—which require forced alimentation.—*Dr. Bemiss in the New Orleans Med. and Surg. Journal.*

**A HEAVY DOSE OF MERCURY.**—"A few days ago," says a California paper, "Mrs. Anna Babb's little boy drank a pound of quicksilver. The child is less than three years old, and even in California is considered rather young to indulge in so strong a beverage. He found the mercury-bottle in some rubbish in an old trunk while playing, and drank the whole, leaving but a few drops. The physician was sent for, who administered some light remedy. The child gave no other indication of having taken the mercury than drowsiness. The metal did not all leave the stomach for ten days, but he was about all the time, and is now as bright as ever."

**DECREES OF THE COURT OF APPEALS.**—The French Court of Appeals delivered the following decision on March 31, 1876: "A physician is guilty of swindling, who, by means of lying advertisements, vaunts his method of treating diseases, and publishes certificates which he has



obtained fraudulently, and which certify falsely to cures of diseases declared incurable by other physicians." Again, by a decision of the 25th of last March, an apothecary who, without the prescription of a physician, when the case was not of urgent necessity, sells a medicinal preparation, composed of several different ingredients, renders himself liable to prosecution for the illegal practice of medicine.—*N. Y. Med. Rec.* (June), from *Bordeaux Med.*

**NELATON'S METHOD IN A CHLOROFORM ACCIDENT.**—Mr. Lawson Tait states (*The Practitioner*, February, 1876) that while performing Amussat's operation on a thin, delicate, and much-exhausted patient, he suddenly found that the respiration, carotid pulsation, and heart-beat had ceased. He immediately inverted the patient, and directed his colleagues to imitate respiration by compressing the chest at intervals. The patient after a time revived, and Mr. T. is convinced that he was thus saved from the loss of his patient. He adds: "Since July I have used nothing but anhydrous sulphuric ether for operations; and though it is far from being so convenient as chloroform or methylene ether, I think we are not justified in using any other anæsthetic, save in cases of young infants and pregnant women, among whom no chloroform accident has yet been recorded."

**RULES IN ADMINISTERING ARSENIC.**—Dr. H. Griffith, in the *Medical Press and Circular*, states that the following rules relative to the administration of arsenic should be carefully observed:—

1. It should never be given where there is a feverish state of the system; a quick pulse and a hot skin contra-indicate its employment.
2. It should be given shortly after meals—never on an empty stomach.
3. It should not be given in the solid form, nor should it be given in increasing doses. As a rule, five minims of Fowler's solution should be the maximum dose for an adult.
4. The dose should be diminished, or the administration altogether ceased, on the occurrence of pain in the epigastrium, nausea, or irritation of the eyelids.

**THE "FLORIDA COUGH."**—The *New York Gazette* has the following hit:—The most popular fashionable affectation among young ladies ravenously for social notoriety is the "Florida cough," which is regarded by those who have been abroad as a fine substitute for "Roman malaria," so fashionable a few years ago. The Southern malady is supposed to be contracted sitting on the piazza of a Magnolia or Jacksonville hotel, flirting and eating oranges alternately. Those who have never been near either place suffer dreadfully from the disease.

**REMOVAL OF A BUTTON FROM THE BRONCHUS.**—An eminently successful and novel method was resorted to on great emergency for the removal of a button from the left bronchus of a lad, at the London Hospital, on the 12th inst. The patient, aged thirteen, had accidentally slipped the button into his trachea on April 23rd, where it had remained without producing very serious symptoms until May 11th, when it fell into the left bronchus, producing symptoms of collapse in the lower lobe of the lung. Mr. Maunder, having performed tracheotomy, first inverted and shook the patient, but without success; he then placed the patient on his back and pressed through the wound into the left bronchus about seven inches of looped silver wire, and was successful in withdrawing the button, together with a quantity of mucopurulent matter. The patient's urgent symptoms rapidly disappeared, and he is at present doing well.

**LEAD POISONING FROM SUBSTANCES NOT USUALLY SUSPECTED.**—The *Gaz. Med. Ital.* reports some cases of lead poisoning from the use of wafers coloured with oxide of lead. Red wafers being in such general use, and the mouth being so convenient for moistening them, to say nothing of the habit of chewing them in moments of legal or judicial meditation, it becomes a matter of importance to note the fact that they may be thus poisonous in their nature.

Another case is reported of a patient who was in the habit of using, for diarrhoea, catechu manufactured in Bologna, which, when analyz-

ed, was found to yield to him about  $1\frac{1}{2}$  grains of lead per diem.

Another case is given of a lady and her daughter who were poisoned by the "use and abuse" of a cosmetic powder containing 0.20 of white lead.

In another article the *Gazetta* also notices that in France the Prefect of police has forbidden the sale of Cincinnati hams, because they came done up in cloth coloured yellow with chromate of lead.

**CALIFORNIA STATE MEDICAL SOCIETY.**—Dr. Cheney, Chairman of the Committee on Ethics, made a report on the subject of the ownership of prescriptions, which was referred to the Committee last year. The report recommended the adoption of the resolution then offered by Dr. Stout, declaring that the written prescription of a physician is the property of the physician and not of the patient or druggist, and that it ought not to be renewed by the latter without a special order from the physician prescribing. The resolution was adopted by the society.

The following report was presented, on the subject of the admission of female members:

"We the Board of Censors, to whom was referred the application of the ladies holding diplomas regularly conferred upon them for membership in this society, beg leave to report that we know of no valid reason why the society should not admit ladies to full membership. We therefore recommend their admission. Signed, C. A. Kirkpatrick, H. P. Babcock, C. L. Tyrrel, H. Gibbons."

**NATIVE MEXICAN MIDWIFERY.**—Dr. Thomas, Jr., writes to the *Virginia Medical Monthly*: I find that the following is the way in which a regular Mexican midwife performs her duty: A rope is suspended from the ceiling. Under the loose end of this a folded blanket is placed, on which the woman kneels and grasps the rope, arms extended. Behind her is placed a strong man, with his arms around her waist, while in front sits the midwife, with both hands against the perineum. When a pain comes on, the woman pulls on the rope, the man squeezes, and the midwife bears against the perineum,

which she at the same time strokes from behind forward. After the child has been thus squeezed, shaken and jolted out, the woman is then put to bed and arranged in the sitting posture, with a sheet around her waist, in which is wrapped an ovoid lump of horse manure, baked, cooled, and packed into this shape. This horse manure is supposed to have the virtue of keeping the blood in its neighborhood.

**RUPTURE OF THE SPLEEN.**—Dr. Finnell presented a spleen with the following remarkable history: The patient was twenty-eight years of age, and the mother of three children. There was no history of previous disease. Suddenly, while lifting a stove, she felt that something gave way, and consequent on this, severe pain in the abdomen. At that time the patient was in the third month of her pregnancy. The abdominal pain continued steadily for three days, when abortion came on, and on the following day she was delivered of a decomposed foetus. The physician who was called on to attend her during the abortion suspected, from the severity of the pain, that the patient was suffering from peritonitis. Four hours after delivery the patient died. At the autopsy, two pints of blood were found in the peritonæum, and on examining for the cause it was noticed that blood was escaping from fissures in the spleen. There was no extravasation in or about that viscus to show the effect of injury. The spleen weighed five ounces, and resembled currant jelly. The other viscera were healthy. The points of particular interest in the case were, the absence of all signs of peritonitis and the presence of rupture of an organ like the spleen, without any history or signs of direct injury.—*New York Pathological Society.*

**THE KENTUCKY SHOWER OF FLESH.**—At last we have a proper explanation of this much talked of phenomenon. Mr. L. Brandeis writes to the *Sanitarian*, for May:—

In 1537, while Paracelsus was engaged in the production of his "elixir of life," he came across a very strange-looking vegetable mass, to which he gave the name of "Nostoc."

The want of rapid transportation, combined

with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the "Kentucky shower," however, reached this city well preserved in glycerine, and it has been comparatively easy to identify the substance and to fix its status. The "Kentucky wonder" is nothing more or less than the "Nostoc" of the old alchemist. The Nostoc belongs to the confervæ; it consists of translucent, gelatinous bodies joined together by threadlike tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the Nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances.

Wherever they may fall, and find congenial soil, viz., dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground, in a very few hours, with long strings of Nostoc.

On account of this rapidity of growth, people almost everywhere faithfully believe the Nostoc to fall from the clouds, and ascribe to it many mysterious virtues. The plant is not confined to any special locality, or to any climate; sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives everywhere. Icebergs afloat in mid ocean have been found covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods, on meadows, and on marshy or even gravelly bottoms.

All the Nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible Nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that is supposed to have fallen from the clouds in Kentucky is the flesh-colored Nostoc (*N. carneum* of the botanist); the flavour of it approaches frog or spring chicken legs, and it is greedily devoured by almost all domestic animals.

Such supposed "showers" are not rare, and are entirely in harmony with natural laws. In the East Indies the same Nostoc is used as an application in ulcers and scrofulous disease, while every nation in the East considers it nourishing and palatable, and uses it even for food when dried by sun heat.

WHILST the Prince of Wales was at Lisbon on returning from his Eastern tour, His Royal Highness paid a visit to the flag-ship, the *Minotaur*, and a number of naval officers were on that occasion presented to the Prince. The naval medical officers, however, were conspicuous by their absence, and the circumstance not unnaturally gave rise to some surprise and comments. As we have good reason for knowing that the fact did not escape the attention of the Prince of Wales, and that His Royal Highness caused it to be subsequently intimated to the medical officers that it was not in accordance with his Royal Highness's desire, the blame may be fairly attributed to the Admiral and Naval authorities. The Admiralty may issue Warrants and Orders in Council for the improvement of their medical service, but it is this sort of thing which makes that service unpopular with medical men possessed of the self-respect found in gentlemen of every service. —*Lancet*.

### Births, Marriages, and Deaths.

#### BIRTHS.

At 295 Dundas Street, London, on June 10th, the wife of Dr. W. H. Street, of a son.

#### MARRIAGE.

At St. Paul's Church, Kingston, on June 7th, by the Rev. W. B. Carey, M.A., Incumbent, John Kennedy Oliver, Esq., M.D., to Mary Ellen, second daughter of Richard Town, Esq.

#### DEATHS.

In Montreal, on Monday, 29th May, Catherine Joseph, aged 66 years and 3 months, beloved wife of Dr. A. H. David.

At his residence in Colborne, on Tuesday, 13th inst., W. C. Deans, M.D., late of Oshawa, aged 39 years.

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General Secretary.

Montreal, June 15, 1876.

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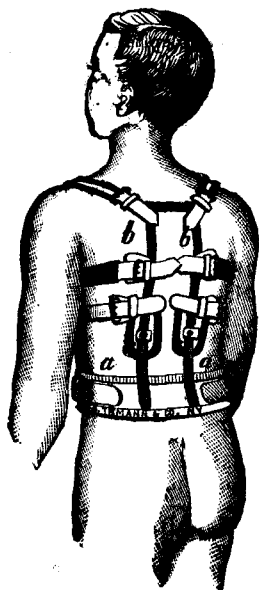
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" Canthar .....	"	1 25	Phil. Assafotid .....	gross	0 35	" Cinchon Co. ....		0 35
Ext. Aconit .....	oz.	0 25	" Cath. Co. U. S. ....	"	0 45	" Colchicf. Sem. ....		0 35
" Belladon. ....	"	0 20	" Rhei. Co. ....	"	0 40	" Digitalis .....		0 35
" Coco. Comp .....	"	0 12	Pinmb. Acet. ....	lb.	0 20	" Ergot .....		0 75
" Conii .....	"	0 18	Podophyllin .....	oz.	0 65	" Ferri Perchlor .....		0 35
" Gentian .....	"	0 07	Potass. Acet. ....	lb.	0 60	" Gent. Co. ....		0 35
" Hyosciam .....	"	0 20	" Benzob. ....	"	0 32	" Hyosciam .....		0 40
" Nuc. Vom .....	"	0 75	" Bitart .....	"	0 40	" Iodi .....		1 00
" Tarax. ....	"	0 07	" Chlor .....	"	0 45	" Lobelia .....		0 38
" Valerian .....	"	0 25	" Nitrat .....	"	0 15	" Nuc. Vom .....		0 45
Ferri et Ammon. Cit. ....	"	0 18	Potassii Bromid. ....	"	0 90	" Opil .....		1 10
" et Quin. Cit. ....	"	0 65	" Iodid. ....	"	4 75	" Quassia .....		0 35
" Citro-pyrophos .....	"	0 20	Pulv. Aromat .....	"	2 00	" Rhei Co. ....		0 50
Ferrum Reduct. ....	"	0 15	" Cret. Co. ....	"	0 75	" Scilla .....		0 35
" Sulph. pur .....	lb.	0 25	" Ipecac .....	"	2 90	" Senega .....		0 40
Glycerine, pure .....	"	0 80	" " Co. ....	"	2 25	" Tolut .....		0 75
Hydrag. Chlor .....	oz.	0 15	" Jalap. ....	"	1 60	" Valerian .....		0 25
" C. Cret .....	"	0 10	" Rhei. ....	"	1 90	" Verat. Virid. ....		0 90
" Nit. Oxyd .....	"	0 15	" Zingib. ....	"	0 40	" Zingib .....		0 50
" Bichlor .....	"	0 15	Quin. Sulph .....	oz.	2 50	Ung. Hyd. Nit. ....		1 60
Iodine .....	"	0 50	Santonine .....	"	0 70	" Sulph. Co .....		0 40
Jalapine .....	"	1 75	Sodae Bicarb. (Howard's) .....	lb.	0 20	" Zinci .....		0 40
Liq. Arsenical. ....	lb.	0 30	" iot. Tart. ....	"	0 40	Vin. Aloes .....		0 60
" Bismuth .....	"	0 80	Spts. Etheris Co. ....	"	0 05	" Antim. ....		0 30
" Donovan .....	"	0 50	" Ether. Nit. ....	"	0 60	" Colchicf. ....		0 60
" Plumbi. ....	"	0 20	" Ammon. Arom. ....	"	0 45	" Ipecac .....		0 60
" Potass. ....	"	0 2						

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