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Criticism and News.

(Index next page.)

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VOL. XV.

TORONTO, DECEMBER, 1882.

No. 4.

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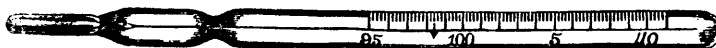
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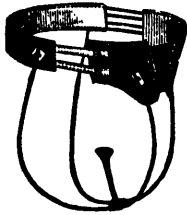
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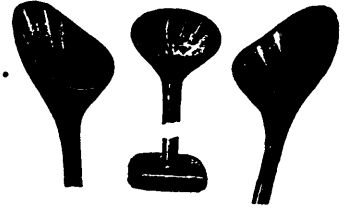
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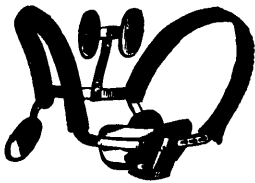
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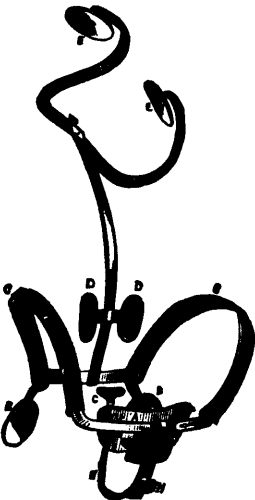
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Fig. No. 7 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.
FIG. 7.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.
FIG. 8.



No. 8 a general and grateful support to the hips, abdomen, chest, and spine, simultaneously and by itself alone, is ordinarily successful; but when not so particularly in spinal and uterine affections, the corresponding attachments are required.

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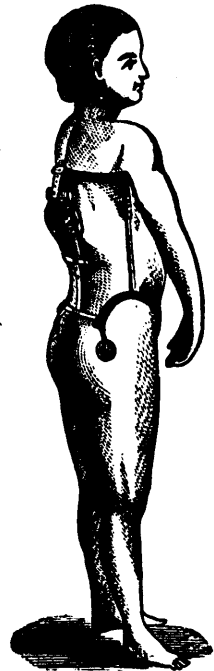
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FIG. 12.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES
1st. Around the body, two inches below the tips of hip bones.
2nd. Around the chest, close under the arms.

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

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A. T. GOSHORN, Director-General
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(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

1.—PIL. PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr. [Warner & Co.]

DOSE.—One pill, two or three times a day, at meals.

THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

2.—PIL. PHOSPHORI CO.

[Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

3.—PIL. PHOSPHORI CUM NUC. VOM.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., $\frac{1}{8}$ gr.

DOSE.—One or two, three times a day, at meals.

THERAPEUTICS.—This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

4.—PIL. PHOSPHORI CUM FERRO.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.

DOSE.—*For Adults*—Two, twice or three times a day, at meals; *for children between 8 and 12 years of age*—one, twice or three times daily, with food.

THERAPEUTICS.—This combination is particularly indicated in *consumption*, *scrofula* and the *scrofulous diseases* and debilitated and anemic condition of children; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

WARNER & CO.'S PHOSPHORUS PILLS.

5.—PIL. PHOSPHORI CUM FERRO ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may be taken three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.

[Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., ¼ gr.; Quiniæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

8.—PIL. PHOSPHORI CUM QUINIA.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.

DOSE.—For Adults—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

THERAPEUTICS.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

9.—PIL. PHOSPHORI CUM QUINIA CO.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., ½ gr.; Strychniæ, 1-60 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases.

10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 12 years of age, one pill, two or three times a day,

THERAPEUTICS.—The therapeutic virtues of this combination do not need special mention.

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WARNER & CO.'S PHOSPHORUS PILLS.

11.—PIL. PHOSPHORI CUM QUINIA ET DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Pulv. Digitalis, $\frac{1}{2}$ gr.; Pulv. Opii, $\frac{1}{4}$ gr.; Pulv. Ipecac., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

DOSE.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart, valvular disease, aneurism, etc.*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

DOSE.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannabis Ind., $\frac{1}{4}$ gr.

DOSE.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphie Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

DOSE.—One pill may be taken twice or thrice daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ' $\frac{1}{2}$ gr.; Ext. Nucis Vomiceæ, $\frac{1}{4}$ gr.

DOSE.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia, neuroses of the stomach, hypochondria* and *constipation*, this combination fulfils important indications.

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XV. TORONTO, DEC., 1882. No. 4.

Original Communications.

QUINQUINIA VS. QUININE AS AN ANTI-PERIODIC.

BY G. T. MCKEOUGH, M.B., M.R.C.S. ENG.; L.R.C.P. ED.;
F.O.S. LOND.; CHATHAM, ONT.

Quinquinia is a preparation said to contain 15 per cent. of quinine, the remainder of the preparation consisting of the other alkaloids of cinchona bark in their natural combination: quinidia averaging 15 per cent., cinchonidia 15 per cent., cinchona 25 per cent., chinoidine 30 per cent., and for which is claimed therapeutical properties equal to quinine, "grain for grain," with certain material advantages, viz.: the absence of symptoms of quinine during its administration, and the cheapness of the drug as compared with quinine. The specimen of the preparation which my partner Dr. Holmes received, has been administered by us to twelve patients. A short record of the results I thought might be interesting to the profession, especially to those practising in malarious districts who have not as yet given it a trial.

No. I. F. W., male, aged 44. Had general malaise with loss of appetite and high colored urine for several days, but continued following his usual occupation until the morning of the fourth day of his not feeling well, when he had a heavy chill followed by fever, headache and pains in his limbs and back; he was compelled to go to bed and sent to me for a bottle of ague medicine. I sent him twenty grains of quinquinia to be divided into ten powders and one to be taken every two hours, with a purge of rhubarb and calomel. On seeing him a few weeks afterwards he informed me that the medicine had cured him; that there had been no return of the ague; and he was glad I had "at last found a medicine that would cure ague without having any quinine in it," the quinquinia

not producing the usual symptoms of cinchonism which quinine always produced in his head to a marked degree.

In a malarious district one not infrequently meets with cases similar to this, in which without the administration of any anti-periodic there is no return of the paroxysm, the malarial poison seeming to be eliminated after a single attack, apparently spontaneously. This might have been such a case and no credit due to the quinquinia for the favorable termination of the disease.

No. II. Sept. 12th. A. M., female, aged 56. Has had tertian ague for a week past, in all, four paroxysms. Prescribed 30 grains of quinquinia—3 grains every two hours. She commenced to take the medicine at one o'clock upon the fourth apyrexial day of the attack, the fifth paroxysm was expected the following morning about ten o'clock, but she escaped it, the remedy having been taken regularly as directed. We could scarcely expect more from quinine, probably a smaller quantity would have produced the same result. The ague returned in a fortnight, when 30 grains of quinine were ordered and broke it, quinquinia not being obtainable, our supply having become exhausted. She had no return of malarious symptoms when last seen, one month after her last attack. Whether quinine has superior prophylactic properties to quinquinia in malaria, my experience with the drug is too limited to state. This case would favor quinine as giving greater immunity to subsequent expressions of malaria.

No. III. F. J. G., female, aged 37. Was seen on the evening of Sept. 13th; complained of chilliness with headache, particularly over the left brow, pains in the limbs, no appetite, languid and tired. Temp. 101° F., pulse 100. The day previous she was quite well. Ordered 30 grains of quinquinia—3 grains every two hours. When seen the following evening her symptoms had not improved; there was some relief from the pain during the morning, but it increased in severity during the afternoon. The quinquinia having all been taken and my experience being so limited with the preparation, I did not feel justified in continuing its use any further. Knowing that quinine would certainly restore the patient in a few days to health, 36 grains of sulphate of quinine were ordered and the patient was well in a couple of days. If I had had the same confidence in

quinquina as I had in quinine and continued its use, the patient might have recovered as rapidly under the entire use of quinquina, as it must be remembered that similar cases do sometimes require one drachm or more of quinine to effect a complete cure.

No. IV. Sept. 15th. F. D., female, aged 20. Two weeks ago had an attack of intermittent fever, for which she took 30 grains of quinine and recovered. Since then she has been taking liquor arsenicalis and liquor ferri dialyzati, partly for anæmia and partly as a prophylactic, having become somewhat anæmic from a succession of attacks of acute malaria. She has been feeling tolerably well since her last attack until this morning, when she lost her appetite, urine high colored, feeling of fatigue and languor, has chilly sensations. I saw her about 3 o'clock when 30 grains of quinquina were prescribed, to be taken in the course of the afternoon and night. She took the remedy faithfully, hoping to ward off the expected paroxysm but without the desired result, as the following morning she had a chill with fever and sent for some quinine, regretting very much that the other medicine did not cure her, as it did not make her "head ring and buzz" like quinine. She had no subsequent paroxysm after taking 30 grains of quinine.

No. V. J. T., aged 27, male. Tertian ague. The usual symptoms, together with a foul breath and thickly furred tongue. Ordered 30 grains of quinquina and a purgative. He returned to our office in three days, stating that he had had no return of the fever, but his appetite had not returned and he had a "bad taste in his mouth." He was ordered a mixture of rhubarb, bicarbonate of soda and infusion of colomba, and when I last saw him a few days ago, he informed me that he soon regained his usual health and had no return of ague.

No. VI. G. S., male, aged 30. Has had attacks of malaria all summer. Came to our office on the 20th of Sept., complaining of his bones aching, loss of appetite, fatigue and languor, inability to work, no rise of temperature. Gave him 30 grains of quinquina, and on the second day after commencing to take the prescription, he returned to work, feeling as well as usual.

No. VII. Sept. 27th. L., aged 11. Has been suffering from ordinary intermittent malarial symp-

toms for two days, with slight rise of temperature. Prescribed 20 grains of quinquina—2 grains every two hours, which produced some relief from the aching and slight lowering of temperature. The prescription was repeated and made a complete cure.

No. VIII. Sept. 27th. Mrs. R.'s baby, aged 2 years. Has had ague every alternate day during the past week. Ordered 10 grains of quinquina—1 grain every two hours. No return of ague.

No. IX. G. J., aged 60, male. Has had two paroxysms of quotidian ague. 30 grains of quinquina in four doses stopped the attack.

No. X. Sept. 29th. C. C., aged 32. Brow ague. Has had severe pains over his left brow every afternoon for the past four days. After taking 30 grains of quinquina there was no return of the pain.

No. XI. Sept. 30th. A. McC., aged 24. Has been suffering from remittent fever for several days. Has taken 2 grains of sulphate of quinine every two hours since the beginning of his illness, in all about $2\frac{1}{2}$ drachms. The symptoms of quinism having become so distressing to the patient, I omitted the quinine and substituted 2 grains of quinquina every two hours. He felt very grateful for the change, as "the deafness and buzzing in his ears" soon ceased. The fever abated on the second day after commencing to take the quinquina, the ninth day of the disease. It is difficult, if not impossible to determine the relative value of the two drugs in this case. I think it is doubtful if either the quinine or quinquina had much influence in arresting the disease, the case probably being one of those types of remittent fever, described long ago by Cleghorn in his work on the "Epidemic Diseases of Minorca," which terminate spontaneously on the ninth day.

No. XII. T. R., aged 19, male. Complained that every other day for a week his bones ached, felt greatly fatigued and it was with difficulty that he performed his usual manual labor. He had no chills and when I saw him on one of his sick days, there was no rise of temperature. 36 grains of quinquina—4 grains every three hours, restored him to health.

I think I may safely say that from the results of its use in the above cases, it merits further trial. As a tonic I have no experience with it, but as an

anti-periodic remedy, I doubt not it will prove as trustworthy and as reliable as quinine, "grain for grain." On the whole, its limited use in our hands has been satisfactory. That 30 grains of quinine will cure an attack of typical tertian or quotidian ague, there seems to be no doubt. Whether it will prove as useful in less typical and more obscure malarial affections, I do not know. One decided benefit it has over quinine is, the absence of any of the unpleasant symptoms of cinchonism in the quantities in which we prescribed it, an advantage which will assuredly be appreciated by the quinine taking public. As to the mode of administering it, the preparation being of a gritty sandy consistence, does not mix well with water, minute particles getting into the crevices of the teeth, causing the taste—which is intensely bitter—to be retained in the mouth for some time. If the patient can swallow a capsule or small wafer pellet, this will be found the preferable mode, otherwise rubbed up with pulv. acacia, elixir tarax. co. and syr. gaultheria, a not very unpalatable mixture is compounded. The remedy being apparently a useful one, especially so long as quinine remains as high priced as it is at present, it is to be hoped that the manufacturer will not permit of its adulteration.

DISLOCATION OF THE ELBOW.

BY W. S. CHRISTOE, M.D., FLESHERTON, ONT.

The article by Professor Dupuis on this subject, in your last issue, was, in my opinion, in keeping with the facts. He says: "The diagnosis of injuries of the elbow-joint are admittedly difficult. The complicated nature of the joint, the number of epiphyses about it, which may be separated from their bones, especially in childhood, and the swelling which generally so quickly supervenes, all conspire to obscure the real nature of the injury, and to leave the inexperienced surgeon in doubt as to the character of the lesion before him, and hence unable to pursue the proper line of treatment."

Such is really the experience of surgeons, who have cared sufficiently to note, and have been honest enough to declare them. I confess the diagnosis of lesions of this joint has been frequently most embarrassing in my own experience;

it is not surprising then, that Professor Dupuis' sentiments command the heartiest endorsement. It brings forcibly to my mind some such cases; in numbers, however, a country physician is placed at a disadvantage, as the population is sparse, and such accidents seldom occur.

Case I.—Was a young married man, whose elbow was dislocated, and from the history given of the case the lesion comprised displacement of both bones of the fore-arm. When the patient was seen by me, four weeks after its occurrence, the limb could not be flexed to permit the finger to touch the lip with whatever force. Upon examination, the ulna was properly adjusted, but the head of the radius upon flexion impinged on the anterior surface of the humerus. There was no doubt at all but what the proper means were used to reduce this dislocation and the ulna successfully reduced, but the radius had been inadvertently overlooked by the operator. With the use of anæsthetics and pulleys, it was remedied, but partially, and to this day there is an unpleasant embargo upon the free action of the joint. It taught a lesson, viz., hereafter to look sharply after all the members of the joint.

Case II.—Was a lad who fell and injured the elbow. The nearest medical man was called, who diagnosed it as dislocation, and accordingly herculean extension and counter-extension were made; again and again it was tried, but the reduced bones would not stay in place. The medical attendant then suggested chloroform, but having no anæsthetic, he brought the patient to my office. Upon placing my finger and thumb on the condyles of the humerus, I found complete mobility of the joint, and could flex the forearm well on the humerus, which could not be done if dislocation were present. The lesion proved to be a fracture of the lower fourth of the humerus. Having an angular splint, adjustable, one half was immediately applied to the fore-arm, then a little extension, and the limb brought to rest in the other half of the splint, without much pain. It was successfully set and made a good recovery.

Case III.—Was another young lad whom his parents said had fallen and struck his elbow. The joint was very much swollen, but at this time there was complete mobility, the arm could be bent to any angle. It was placed in a sling and a lotion applied to reduce the excessive swelling, with in

structions to bring the child again shortly, but it was not seen again for two weeks. The joint's action was materially interfered with now, resulting from retained position and the discovered lesion present. Upon examination of the joint carefully it seemed to be all right, as by slight force the arm could still be bent at an acute angle, and he could touch his lips unaided with the forefinger, but the joint evidently was not natural. What, then is the lesion? The ulna and the radius occupy their proper places, but compared with the sound elbow it is wider and sharper to the touch internally, and there seems to be a slight depression between the shaft of the bone and the inner condyle. Putting these together undoubtedly the diagnosis is a separation of an epiphysis, or if you please a fracture of the inner condyle. Now its condition made it impossible to diagnose exactly at first, and before it was again seen it was too late to attempt adjustment, if indeed it could have been at all, inasmuch as it is always a matter of doubt after the lapse of so much time. The object was to secure as much action as possible, not forgetting that the most carefully treated cases leave but a limited action, to accomplish which passive motion was ordered, even to bending the elbow at an acute angle occasionally, but the case did not progress to suit, and therefore was taken to another practitioner. Strange to say, his diagnosis was dislocation, and the poor little fellow had to undergo a process of extension and manipulation of a very painful character. Of course, if his ideas were correct it would require it after the lapse of four to five weeks. After this treatment, "It wasn't exactly as he would have liked it," he said, "but if he had got the case from the beginning, he could have made a good job of it." The arm was put in splints for *two* days, then treatment as directed by myself substituted, thus unwillingly evidencing against his own expressed diagnosis, for surely no man in his senses, would, after powerful extension and successful reduction, limit the application of the splints to two days, or grant such freedom of action.

Since the foregoing was written, the case has again come under my notice, and upon the closest scrutiny, no difference in the joint can be detected. The fragment is still there, but comparatively firm. The joint is wider, but as union has gone on strength has returned, and the lad can use it more

dexterously. The arm hangs at an obtuse angle, but will improve by suspending weights daily. He can place his hand to his nose, and upon the whole the recovery is not bad.

Case IV.—Is recent and is now under treatment. This is a lad too, five years of age, who was pushed from the railing of a bridge backwards, struck his elbow and dislocated both bones posteriorly. The points mentioned by Professor Dupuis were very prominent here. Being a nervous, irritable lad, it was thought advisable to give him a little ether and chloroform. This done, extension and bending the elbow firmly over my fingers, reduced it immediately. An angular splint and bandage with arm carried in a sling, completed the procedure, and the case is progressing very favourably. By using passive motion occasionally, very soon no one will know that the accident ever happened to him.

To sum up then, on presentation of such injuries, the difficulties should be remembered, and criticisms on other's actions should be sparingly expressed. Where there is the slightest doubt, consultation should be had, and whether doubt or not the examinations should be for the first week frequent. One should never misrepresent a case for the sake of a little popularity, such cannot be honorable and will surely return in some shape. The best of us are liable to errors, it is only humanity repeating itself—"To err is human."

ON PLACENTA PRÆVIA.

BY W. O'DELL ROBINSON, M.D., ST. JACOBS, ONT.

I send you a brief report of the following cases which may interest your readers, and also show the various forms of cases one is called upon to treat from time to time.

CASE I. Feb. 2, 1880. Mrs. H. had nearly reached the seventh month of gestation, when I was summoned in great haste to see her. The hemorrhage was profuse, which, however, I succeeded in controlling by the usual palliative measures. There was no return of the hemorrhage for about four weeks, when I was again summoned. I found her in a very exhausted and weakened condition. Immediate action was called for. I at once introduced a piece of soft cotton, saturated with vinegar, and used it as a plug. I then gave

her a dose of ergot, and after this had been repeated a few times the flowing began to diminish. I now made an examination and found the placenta attached over the inner os; the presentation was a breech. A messenger was despatched for Dr. Passmore, of Conestogo, to meet me in consultation. By the time he arrived the flowing was very well controlled, the os was beginning to dilate, and we concluded to let the labor go on until the os was dilated sufficiently to allow of the separation of the placenta, which we did. I then introduced my hand, seized the foot and delivered the body. When the head became engaged in the inferior strait, all the traction we could make was of no avail, so I concluded to try other means, and for this purpose introduced the blunt hook, made it secure in the superior orbital surface of the maxillary bone and by strong traction delivered the head. The woman made a slow but good recovery.

CASE II. Feb., '81. Mrs. K. This case was similar to the first, with the exception that it was a head presentation. I adopted the same plan of treatment as in the first case, but continued it for a longer period. When the symptoms became alarming, Dr. Ulyot, of Elmira, was summoned to assist me. We at first thought of giving chloroform, but owing to the prostrated condition of the patient we concluded to deliver if possible without its administration. I then introduced my hand, well oiled, seized the foot, after some little difficulty, turned and delivered. There were some symptoms of metritis, which lasted only a few days; the woman made a good recovery.

CASE III. April, '82. Mrs. B. had reached the eighth month of gestation when I was summoned by a messenger, who informed me that the pains were not very severe, but the flooding was alarming. When I arrived I found upon examination the os sufficiently dilated to allow me to ascertain how matters were. After using means to control the hemorrhage, I despatched a messenger for Dr. T. W. Vardon, of Hawkesville. The placenta in this case was attached laterally above the os internum and to the left side of the cervix. The presentation was natural.

We succeeded in pushing the placenta aside and delivered the child vertex first, removing the placenta afterwards. The patient being in a weak and anæmic condition made a very slow but good recovery.

Dr. Playfair in his admirable work on midwifery asks, Is it justifiable in cases of placenta prævia to use means to check the hemorrhage and allow pregnancy to continue? This is the course which has generally been recommended in works on midwifery. It is recommended to keep the patient cool and at rest on a hard mattress, and cold cloths applied to the vulva and lower part of the abdomen. Also to administer astringents to arrest the hemorrhage. The propriety of this plan of treatment has of late years been called in question. Dr. Greenhalgh (*Obst. Trans.*, vol. vi, p. 188) advises the immediate induction of premature labor in all cases of placenta prævia. Many other eminent authorities are of the same opinion. In fact, labor very often comes on of its own accord, but when it does not do so, the patient's life must be considered in great danger until the delivery is effected, inasmuch as fatal flooding may come on at any moment. Dr. Playfair therefore says "that it may safely be laid down as an axiom that no attempt should be made to prevent the termination of pregnancy, but that our treatment should contemplate its conclusion as soon as possible." He would however make an exception to this rule, when the hemorrhage occurs for the first time before the seventh month of utero-gestation.

VENESECTON IN ACUTE RHEUMATISM.

BY T. W. DUNCOMBE, M.D., WATERFORD, ONT.

Mr. A. L—, æt 23, was attacked with acute rheumatism on the 20th of April last. The symptoms present were pain, tenderness, heat, swelling and redness of the skin in the neighborhood of the joints. Even the movements of the bed clothes, or the slightest pressure over the joints excited great pain. The swelling was most noticeable in the knee, ankle and hip, affecting first the right leg, and a week later the left. He had more or less pyrexia, and sweating was a prominent symptom at night. The treatment adopted was as follows, viz.: salicylate of soda, bicarbonate of potash, colchicum and quinine; but this did not seem to relieve the symptoms much, although he afterwards had less pain and pyrexia. About the middle of April he was able to go around with crutches. From that time until the 1st of June, he did not improve any, when he came to me.

On examination of the heart I discovered well-marked pericarditis, more or less pain and swelling in the joints, especially in the knee and ankle, pulse 112. temp. 102°. I prescribed salicylate of soda, and bicarbonate of potash, with a mercurial pill at bed-time. Again saw him on the 3rd, but as he was no better I at once suggested that bleeding might help him. Took a pint of blood from his arm; immediately the pyrexia abated somewhat, and the pain was greatly relieved. I also gave him two mercurial pills. On the 5th he was able to walk without crutches, and on the 7th the pulse and temperature were normal, the pain entirely abated and from that time he recovered rapidly, and is now apparently as well as ever, and says he thinks he could outrun me on a hundred yards race.

Correspondence.

RÖTHELN OR GERMAN MEASLES.

To the Editor of the CANADA LANCET.

SIR,—In a recent issue I read with much pleasure, "Cases in Practice," by Dr. Alexander, but I am of opinion that his conception of Rötheln which he terms German measles, is not quite correct. Measles are measles no matter if contracted by a German or a Turk.

So far as I have been instructed, Rötheln is a hybrid, and I had a marked case of it about three years ago, under the following circumstances:—I attended a lady in her first confinement, and after having finished my duties, was desired to look at an adopted daughter of the family, whom I found suffering from scarlet fever. I at once enjoined isolation. A neighboring lady whose entire family was down with measles, desiring to be of service to the young mother, visited her with her infant child in her arms, upon whom the eruption was still out. In the course of a week I was again summoned and found the infant highly fevered, (I did not enter the temperatures in particular) with an eruption of a duplicate character; as regards diffusion it was general like scarlet fever, but of a coppery hue with here and there a few crescentic spots slightly elevated, but not the well marked characteristic eruption of measles. There was coryza together with strawberry tongue, and

slight inflammation of the fauces. The infant being but a week old the treatment was of necessity of the mildest character—sponging and keeping up the action of the skin with liquor ammoniæ acetatis, and recovery was complete with desquamation. This, according to my view, is the only case of Rötheln I have seen where I could actually and clearly trace the source to double infection.

Fenwick, Tanner, and many German authorities confirm this view, and I am sure it would be highly interesting if Dr. Alexander could inform us if there was any chance of the double infection, remembering always that we may have scarlet fever *without* eruption, only having the tongue and throat symptoms with desquamation subsequently as a confirmatory point in the diagnosis.

Yours faithfully,

JAMES SKIRVING.

Tavistock, Ont., Nov. 1st, 1882.

NASO-ORAL RESPIRATORS.

To the Editor of THE CANADA LANCET.

SIR,—Will you kindly permit me a short space in reply to a communication which appeared in the last number of the CANADA LANCET, signed *Medicus*, who complains that he was charged four dollars by his Kingston druggist for one of the G. Hunter McKenzie Naso-oral Respirators. Whilst admitting that the instruments are well adapted for the purpose for which they were intended, he says they are so simple in construction that they might be sold for a much less sum, etc. You kindly explained in a foot note that the retail price of the instrument is \$3, or \$2.50 by the half dozen, but *Medicus* forgets, or does not know perhaps that we have to pay a duty of 25% upon goods of this description coming into the country from Great Britain. This added to the original cost, together with the expense of advertising, sending circulars to each physician in the Dominion (introducing the instrument), forwarding the Respirators *free* by mail, etc., leaves but a small margin of profit to myself; and it is not for me to say how much the manufacturer makes, but he should be well paid for inventing so simple an instrument, which, with ordinary care, is not likely to get out of order even with years of use. The very sim-

plicity of their construction is what has caused them to be used so extensively by physicians. I sell them cheaper than any physician in the Dominion can bring them in for himself, and with them give one or two (as desired) prescriptions for their use. One of the physicians here got them for himself before I secured the agency, and they cost him \$3.75 each. I have sold several hundreds of them during the past six months to physicians of the various provinces of the Dominion, and have had only one or two complaints as to price, but on the contrary have had scores say that they are more than worth the cost; and have had most valuable testimonials as to their curative powers. They all think it is without doubt a decided advance in the treatment of phthisis, as well as bronchitis and nasal catarrh.

Yours, etc.,

J. S. MILLS,

Sole Agent for the Dominion.

Brantford, Nov. 13th, 1882.

CASE OF POISONING FROM STRAMONIUM.

To the Editor of the CANADA LANCET.

SIR,—On Oct. 31st was called to see a child *æt.* 2½ years, said to be suffering from convulsions. Found the child in maniacal delirium, pulse small, intermittent, and so fast I could not count it; the body was covered with a brilliant red rash, the pupils were widely dilated, and the little sufferer would scream out as though in fear of falling. From the appearances I thought it might be the effects of stramonium, and gave an emetic which it readily took from a nursing-bottle. I found in the vomited matter a number of the small ends of the *datura stramonium*. After the emetic had acted I gave a dose of castor oil which brought away about a large tablespoonful of the seeds. On looking around the place I found a plant of the stramonium species, when the sister remembered that the child had been playing with one of the capsules the day before. I think the case is remarkable from the number of seeds which passed through the child without causing death, as the number brought up by the emetic was very small, the greater portion having passed into the intestines and had time to produce their full effect. The child was all right the next day, except that the pupils were dilated.

Yours truly,

S. S. MURRAY.

Thorndale, Nov. 1st, 1882.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

August 30, 1882.

In the absence of the President and Vice-Presidents, Dr. Macdonald occupied the Chair.

Dr. Machell showed an encephalic monster with two rows of spinal tubercles extending as low as the last dorsal vertebra, due either to spina bifida or a double row of spinous processes.

Dr. McPhedran stated that microscopical examination of the ruptured uterus shown at last meeting demonstrated marked granular degeneration at the seat of rupture.

Dr. Workman read a paper on "Myoidema, or pachydermic cachexia," embracing a full resumé of the now well-known views of Gull, Ord, Mahomed, Goodhart, Charcot, and Haddow. The paper was a translation from the *Rivista Sperimentale*.

September 21, 1880.

The President, Dr. Geo. Wright, in the Chair.

Dr. McPhedran showed a boy, aged six, suffering from summer prurigo. The eruption first showed itself early in the summer of last year, continuing till the advent of the cold weather, when it disappeared, reappearing again this summer, as soon as the weather became warm. It is much worse this summer than last. The family history contains nothing of importance. The child is vigorous and lively. The eruptions consist of pinkish papules, varying in size from a pin's head to three or four times that size, the apex capped with a thin whitish scale; in many papules the scale is replaced by a scab. The only parts free from the eruption are the scalp, upper part of face, axillæ, anal fissure, scrotum, palms and soles; it is most abundant on the outer side of arms and legs, where the skin is thickened, harsh and dry, and scratch marks and scabs are very numerous. At night the itching is intense, and the pain produced by scratching disturbs the child's sleep very much. There is but little itching during the day. The axillary, cervical and inguinal glands are enlarged, and the belly prominent, being at times especially so. Treatment has done no good as yet. Sulphur and tar baths have been tried, but the facilities for prolonged bathing are imperfect. Ar-

senic, iron, and cod liver oil have been given internally.

Dr. Graham said the case was a most typical one of summer prurigo, as described by Hutchinson. He had had two cases in his practice, but they were complicated by wheals, and might be looked upon as lichen urticatus. He had recently seen a case of the inveterate prurigo (Hebra) much benefited by naphthone ointment.

Dr. Cameron said he had a similar case, to the one presented, of three years standing in an adult. He was inclined to believe that true prurigo occurred more frequently than acknowledged by the authorities. He saw a case a few years ago.

Dr. Oldright showed a case of leucoderma in a young man. It began two years ago, and occurred in small spots, chiefly on the right side of neck and chin. There was no evidence of any constitutional taint.

Dr. Cameron reported a similar, but more marked case under his care at the Toronto General Hospital at present, the hyper-pigmentation around the spots being very distinct. He advised the local application of liq. epispasticus, and the internal administration of cod liver oil, phosphides, especially the phosphide of silver, etc.

Dr. Graham saw a case treated successfully, temporarily, at least, by mustard plaster.

Dr. McPhedran next showed a young woman with a tubercular and bullous eruption, possibly due to the bites of the *Cimex Lectularius*.

Dr. George Wright read a paper on Rötheln, in which he gave a very full account of the disease, with its treatment. He traced its history from the time it was first described as a form of measles or scarlatina, or a hybrid of both, one hundred or more years ago down to the present time, when Rötheln has been accorded a place among the essential fevers.

Dr. Cameron thought the disease should be called Rubella, as suggested by the American Dermatological Association, and spoke particularly of the character and behaviour of the rash, the pulmonary and other symptoms. He said there had been an outbreak of Rubella in the House of Providence during the past summer, followed by, and continuous with it, another of measles. There were no deaths in the former, but a large number had terminated fatally in the latter.

Dr. Graham said an outbreak of Rubella had

occurred in Brampton in 1872, and was described in an article in the CANADA LANCET, by Dr. Heggie. This was a year before the first outbreak occurred in New York, according to Dr. J. Lewis Smith, as stated in the paper read this evening.

Dr. A. H. Wright said a wide-spread epidemic occurred in Colborne, Ont., during the second year he was in practice. He thought there was great difficulty in diagnosis owing to the varying character of the symptoms.

Dr. Oldright said outbreaks of what was called hybrid measles and scarlet fever, by the leading physicians, occurred in Toronto during 1863-65.

Dr. Temple referred to an outbreak which had occurred in one of the ladies' schools during the recent epidemic, and asked the opinion of the Society on the propriety of closing the school.

Dr. McFarlane said he had had some very severe cases during the recent outbreak, one child having died. In this case the rash came out quickly all over the body; was abundant, bright-colored at first, but became darker in a short time, and the child died from exhaustion in a few hours. Dropsy had followed in a few cases he had seen. He believed it was most likely confounded with scarlet fever.

In answer to Dr. Temple, Dr. Cameron said he thought the school should not be closed but quarantined, as the poison being disseminated in the early stages of the fever would be carried home by the ladies.

Dr. Nevitt agreed with Dr. A. H. Wright as to the great difficulty in making the diagnosis in many cases.

MICHIGAN STATE BOARD OF HEALTH.

(Reported for the CANADA LANCET)

The regular quarterly meeting of this Board was held Oct. 1st, 1882. The President read his annual address, reviewing the work of the Board, and suggesting work for the future in the line of securing the introduction of text-books on hygiene in the schools; greater attention by localities to the pay of health-officers, and some amendments to the public health laws, etc.

The Secretary presented a communication relative to wounds from toy-pistols, describing the pistols and the nature of the cartridges as determined by analysis, also a report of several cases of lockjaw and death following toy-pistol wounds.

Dr. Lyster reported in preparation a paper on the present knowledge of typhoid fever, and he was requested to prepare his paper in the form of a document for publication in the Report, and for distribution. In this connection Dr. Baker presented two diagrams, showing for the year 1877-1880, the relations of deaths from that disease to population, from which it appears that the common opinion among physicians, that this disease prevails mostly between the ages of 18 and 35, and that there is little danger after 40, is not sustained by facts. A greater proportion have typhoid fever at the ages between 60 and 80 than at any other age in life.

The subject of compulsory registration of plumbers was referred to Mr. Parker, and Dr. Lyster, for the purpose of bringing it before the Legislature.

The committee on sanitary conventions was authorized to make arrangements for a convention at Muskegon about the last of November, or first week in December.

The Secretary was authorized to purchase a Thomson's Quadrant Electrometer, and by means of it to enter upon the observation of atmospheric electricity.

Mr. Parker presented a proposed bill, making it a criminal offence to communicate a contagious disease, and it was ordered to be published in the Annual Report, for the purpose of bringing it before the Legislature.

In Detroit, it was stated, that it was proposed to erect a "flame-ventilated" small-pox hospital as proposed by Dr. Wight, the Health-officer. Members questioned the practicability of the plan, and it was referred to a committee.

A committee consisting of Mr. Parker and Rev. Mr. Jakes, was appointed on a plan for the regulation of medical practice. The next regular meeting will be on January 9th, 1883.

Selected Articles.

CLINIC BY DR. S. W. GROSS, PHILADELPHIA.

RETENTION OF URINE, ITS CAUSES AND TREATMENT.

GENTLEMEN.—This young man comes before us saying that he is suffering with retention of

urine. The first thing to be done when you are called to a case of this nature, or see one in your office, is to ascertain the cause of the retention. If it occurs in an infant you may assume that it is due to an elongated and contracted prepuce; if in an old man, that it is caused by an enlarged prostate gland; if in a young man, like the patient before us, you will usually ascribe it to a recent attack of gonorrhœa, or to a stricture of the urethra, and you can prepare your instruments accordingly. Of course there are exceptions to these rules, but these are generally true.

This man says he has suffered from inability to pass water for the past six weeks, off and on; that is to say, the retention has not been constant, but comes on frequently. He has had several attacks of gonorrhœa. He thinks his difficulty is caused by a stricture, although he has not had his urethra examined; but physicians who were called in to draw off the urine have told him so. He states, however, that they had no difficulty in passing the catheter into his bladder. According to his statement, he is not a drinking man. The present attack came on him after exposure to cold, and he says it was aggravated by excessive sexual intercourse; he always finds after such connection that he has retention of urine. There is some dribbling of urine, and pain is caused by pressure over the pubes, but the bladder is not very greatly distended, the dulness on percussion not extending much above the pubes.

By retention of urine we simply mean inability to evacuate the bladder. With it is usually found pain and tenderness, and, in addition to these symptoms, there is more or less pyriform tumor above the pubes, extending towards the umbilicus.

He passed a little water two hours ago; he has a constant desire to empty his bladder, and there is a little dribbling, which may be termed the incontinence of retention. When called to attend a patient—especially a woman—said to be suffering with incontinence of urine, do not treat the incontinence before examining the bladder; you may find that it is simply too full, and is overflowing.

It is important to remember that in all these cases of retention from stricture of the urethra, the real cause of the retention is not the stricture itself. The narrowing of the urethra by a stricture is never so tight as to completely obstruct the flow; and, in the majority of cases, the cause of the trouble is swelling of the inflamed mucous membrane just behind the contraction, combined with spasm of the muscular fibres of the urethra, induced by exposure to cold or indulgence in alcoholic drinks. Therefore, in these cases, if you give your patient a hot bath, and a full dose of opium, you may relieve him; it is not always necessary to pass a catheter, for anything that will relieve the spasm will remove the retention. I will try to pass this small, olive-tipped, flexible

bougie. It goes in readily. Now, as I withdraw the instrument, I instruct him to try to pass his water, and you see it flows freely, the spasm being relieved. It is not always necessary to pass a hollow instrument, as you observe. There is nothing more to be done at present, but the young man is recommended not to neglect the stricture, but to return here, in the course of a few days for its treatment. He says that when he gets up in the morning he finds the meatus glued together by a slight discharge. I will order for him two copaiba capsules after each meal; each contains five grains of copaiba and five of cubebs with magnesia and carminatives so as to prevent disagreement with the stomach. He shall also use as an injection, several times daily—

R—Liq. plumbi subacetatis, f ʒ j
Aquaë, f ʒ x.—M.

CARIES OF THE WRIST, FOLLOWING SYNOVITIS.

This man is 65 years of age; a weaver by occupation. He says that while lifting a heavy stone, about nine months ago, he sprained his wrist, and he has not been able to use it since, but it has remained stiff, painful and swollen. The pain has lately increased, requiring large doses of opium to give him rest at night. There is no history of syphilitic disease, or of any strumous trouble. There is no constitutional vice, therefore, to account for the outbreak; but, as he has just stated, it is the result of an injury received nine months ago.

He says that he thinks he twisted his wrist; it became swollen at once, but there was no marked discoloration at the time, as far as he can recall. The pain is getting worse, and sometimes the arm jerks and wakes him up from sleep. You will see, upon comparing the right arm with the left, that there is a marked distortion of the right wrist; it looks as if there might have been a subluxation of the joint, though, of course, there is nothing of this description. When I take hold of the forearm and hand, and press the bones together, it increases the pain; but when I make extension and counter extension the pain is at once relieved. At one point on the outside of the joint there is an opening; he says that about four weeks ago it was so swollen and red that a physician lanced it, and it discharged freely. This incision is still open, and upon inserting a probe I find it comes immediately in contact with dead bones; I feel the roughened surface of the trapezium, and of the first metacarpal bone, with which the former articulates. There is a good deal of thickening of the joint, and, as you see, some suffering upon the introduction of the probe.

We have, then, a case before us of caries of the wrist-joint; or, at all events, of the trapezium, and probably of some other bones of the contiguous row. This commenced, probably as a synovitis I believe that the bone was not injured originally,

but becoming involved in the surrounding inflammation, the cartilage has been destroyed, and the bone itself carious. When I pressed the bones together you saw the man wince. On the contrary, when I made extension, so as to keep their inflamed surfaces separate, he told you that the pain was relieved. Please remember this. As regards treatment, whether it will come to the question of resection of the joint or not, I am unable to say at the present moment; but as suppuration was only apparent a month ago, it shows that the pus is of recent formation, and that active caries is still going on. In this state of affairs operative measures for relief of the caries would be ill-advised. We must apply remedies for the relief of the local inflammation, such as a strong solution of muriate of ammonia, or lead water. The application of a splint and extension are also necessary. You are aware that in all active joint-disease, whether of the knee, the hip, or vertebræ, the first objects of treatment are to keep the joint at rest and to apply extension and counter-extension.

I feared that there was destruction of the cartilage here, and that the joint was inflamed, before introducing the probe, because he spoke of the painful, spasmodic jerking of the limb at night; the inflammation of the joint transmits the sensation of pain to the spinal cord, where it is transformed into a motor impulse, causing a spasmodic contraction of the muscles around the joint, bringing the inflamed surfaces violently in contact, and producing so much pain as to wake the patient from his sleep.

The same general treatment is required as in Pott's disease of the spine, or inflammation of the knee or hip; the principle is identical; you need only have a modification of the apparatus.

In order to accomplish the desired end, I will have the fore-arm shaved, and I will apply two pieces of adhesive plaster, three inches wide, front and back, which shall extend from above the wrist to several inches beyond the fingers. I will then apply a straight splint, containing a mortise opening, and bearing at its extremity an iron hook, to which the ends of the strip are to be fastened, after sufficient extension has been made; the fore-arm being placed upon the splint, which is held in place by adhesive strips, elastic extension will be kept up constantly, with great relief to the patient. He will rest better, his appetite will return, and his general health improve, soon after the apparatus is applied. It does not interfere with any local treatment, or the use of the lotions already referred to. No internal medications will be needed. In joint disease the patient runs down, not so much from the cachexia or long continued suppuration, as from the constant suffering and loss of sleep, and as soon as you relieve the pain the patient picks up. In joint disease, rest, with relief from pain, is the sheet-anchor of the treatment.

SARCOMA OF THE ILIUM.

When this man lies upon his face you will notice a very great difference in the appearance of the buttocks. The left buttock projects as a hemispherical tumor, there is obliteration of the gluteo-femoral crease, and the internatal line inclines to the affected side. I find that the local temperature is elevated two or three degrees, although the precise increase can only be determined with a surface thermometer. The tumor is elastic, and apparently fluctuating; but the integument is not discolored, nor are the subcutaneous veins enlarged and prominent.

Such a swelling, with elevation of temperature and fluctuation might be an acute abscess, and if there was no evident increase of heat, it might be a strumous abscess or what has been called a cold abscess, which often occurs in this location. Why may this not be a cyst? A cyst possesses fluctuation and swelling, but no heat; at least I never saw such a cyst. Therefore the very presence of heat suffices to eliminate a cyst from the diagnosis. The elements of the age of the patient and the duration of the tumor must not be left out of our consideration. The man is 47 years of age; he only noticed the tumefaction twelve months ago; he says it began with a pain in the hip and back, and he thought he had rheumatism; he subsequently found that the part was swollen. There was no injury, as far as he knows.

We have here a swelling which commenced without an assignable cause, and with pain of a rheumatoid character; it was a dull, heavy pain. Is it a tumor? I trace the outline of the limb; I find the upper border of the great trochanter, and I can also trace its posterior surface; hence I infer that we are not dealing with a growth from this process of bone. I can also trace the outline of the tuberosity of the ischium, so that it cannot be a tumor growing from this bone; but I cannot follow the innominate bone, and conclude that it possibly involves the ilium. We could ascertain the nature of its contents with an exploring needle, but we know that it is not an acute abscess, from the time required for its development; it is a tumor, and from its comparatively rapid growth, I am safe in assuming that it is a sarcoma, without the use of the exploring needle. He tells us, however, that a needle was introduced by a physician a few days ago, and that nothing came out but a little blood. This is a sarcoma, a most malignant tumor of the connective tissue series. Its exceedingly rapid growth, attaining this large size in only twelve months declares its nature. We might have a chondroma, or a bony tumor in this situation, but they would be of much slower growth and of firmer consistence. The pains that he refers to, shooting down his legs, are probably caused by the pressure of the growth upon the sciatic nerve,

with the distribution of which the description agrees.

From the symptoms, I regard this as an example of small-celled sarcoma. Nothing can be done in the way of surgical measures; but we may possibly retard the rate of growth, and prolong his life, by applications of sugar of lead.

ADENOMA OF THYROID GLAND OR GOITRE.

This woman presents herself with a tumor in the median line of the neck, which she first noticed when she was sixteen years of age; as she is now thirty-seven, it has existed nearly twenty-two years. For the last few months, however, she has had increasing difficulty in swallowing, and she says that last week it became almost impossible to get anything down except fluids. She has no difficulty with her voice whatever, only with deglutition. There is a slight cough. You observe that when the woman swallows, the tumor rises and falls; this shows that it is attached to the thyroid gland, the thyroid gland itself, as you know, being attached to the trachea, so that it moves when the larynx rises in deglutition. This tumor extends, on the one hand, as far down as the notch of the sternum, between the clavicles; and, on the other, as high as the pomum Adami, or the most prominent portion of the thyroid cartilage; on each side it extends under the border of the sterno-cleido-mastoid muscle. The growth is rather movable, prominent, dense, but not uniformly so; in some places it appears to be soft, as if undergoing degeneration.

We have here an adenoma of the thyroid gland, called by the Germans "struma," by others a goitre. Indeed, all goitres, in their beginning, are adenomata. Goitre is not very common in this country; it is more so in the mountainous regions of Europe. As we see it, goitre is not a very important affection; it occasionally produces difficulty in swallowing, as in this patient. There is no pain, and no evidence of pressure on the pneumogastric nerve.

There are several things which might be done for this disease. Sorbefacient remedies are often serviceable. A very common prescription with me is the following:—

| | | | |
|----|------------------------------|-----|----|
| R. | Unguent. hydrarg. biniodid., | ʒj | |
| | Camphoræ, | ʒj | |
| | Cosmoline, | ʒj. | M. |

I direct the patient, each morning, to take a piece the size of a marrow fat pea, and to stand so that the direct rays of the sun may fall upon the goitre while the ointment is rubbed in. The application may be repeated at night. I will also give her five drops of Lugol's solution, to be taken largely diluted, after each meal. You might order in place of this, muriate of ammonia; in twenty-grain doses, three or four times in the twenty-four hours, and by gradually increasing the dose, we might confidently look for some decrease in the

size of the growth. Under these remedies, we frequently find that the tumor almost entirely disappears.

We might treat this case by parenchymatous injections; iodine in various forms, or ergotine, or Fowler's solution may be thrown into the tumor; but I do not think any great benefit would result. These interstitial injections have no special advantage to compensate for the danger of the occurrence of inflammation, necrosis, and abscess, which may endanger the life of your patient. There is also the operation of thyrectomy, which has been practiced for the last twenty-five years, but more particularly within the last ten years, with very fair results. Taking into consideration the difficulty of the operation, the neighborhood of important vessels and nerves, and the danger of diffused inflammation of the soft tissues of the neck, it is remarkable that the operation is so successful, the mortality being about twelve per cent.

This woman will use the ointment and Lugol's solution, as directed, and if the difficulty in deglutition increases so that the obstruction is permanent, she will return to have the gland extirpated. As good surgeons, you will always try the simple measures first, before resorting to harsh ones. Let her report in three weeks.

SYPHILOMA OF THE STERNUM: CONGENITAL SYPHILIS.

This little child, eight years of age, is brought here by her mother, on account of the swelling over the upper bone of the sternum; she also has a skin eruption upon her lower extremities and other portions of her body. I will merely show it to you, as the mother refuses to allow me to give an anæsthetic, and the child is too noisy to permit any extended examination. It forms a fluctuating swelling of considerable size, and the skin over it is discolored. It is very evident that this is simply a broken down gumma over the sternum. The case is one of congenital syphilis, and is under appropriate treatment.

SEBACEOUS CYST OF THE SCALP.

This man, who has a prominent swelling upon his scalp, tells me that his mother had a similar development. I asked him the question incidentally, because I had in mind the case of a man suffering with mammary cancer upon whom I operated at this clinic, whose scalp was covered with these excrescences, and his daughter who came with him also had a number of them. Let me say in this connection that many of the surgeons mention as one of the points of difference between a malignant and a benign growth that only the former is inherited. They seem to overlook that this also occurs with innocent tumors, even with the simplest of all, the sebaceous cyst.

This, as you see, forms a roundish tumor beneath the scalp, feeling soft to the finger; it is covered with skin partially deprived of hair. It is

caused by occlusion of the orifice of a sebaceous follicle, and the retention of its contents. A sebaceous gland may have its duct terminating in a hair follicle, or it may open independently upon the surface of the skin. In either case the orifice may be closed by the introduction of a foreign body, or by inflammation; the cyst thus becomes distended, and its wall thickened, the epithelial cells keep on undergoing fatty degeneration and accumulating, and the tumor continues growing until it gets to be the size of a small apple, very rarely larger. They are most common on the scalp, face, and lobule of the ear; but may occur in other parts of the body, wherever sebaceous glands exist. They usually contain, a soft, pultaceous, putty-like mass, but in some the contents are fluid, and fluctuate upon pressure, and the sac is found to contain an oily fluid, the epithelial cells having undergone advanced fatty changes. Sometimes cretification occurs, and the cyst wall becomes calcified. These growths are gregarious, and are sometimes very numerous. They only give rise to annoyance by their presence; they are not painful. Sometimes, as when they are of long standing, they occasion, by constant pressure, absorption of the outer table of the skull immediately beneath them.

The proper treatment is complete enucleation, without leaving behind a particle of the cyst-wall, for the smallest fragment may lead to a new growth. In the most favorable cases, where the cyst is comparatively solid, we may make an incision, merely through the skin over the tumor, and enucleate it, like a filbert from its hull; even when it is more or less adherent it may often thus be removed without opening the sac. Some surgeons prefer at once transfixing the tumor with the bistoury, laying it open and discharging its contents, and tearing the cyst-wall out with the forceps. I prefer the former method when it is practicable. By a straight incision over the tumor, you see that its shining wall protrudes through the opening, and the entire cyst now slips out of its bed. I have not removed any of the skin, although it appears redundant, because it will soon shrink again in healing. One of the first principles of surgery is to clean the wound in order to obtain primary union. If I should close this immediately the blood would accumulate in the interior and cause suppuration. I will, therefore, let the patient wait until bleeding has ceased, and then bring the edges together with two points of the interrupted suture. The bleeding can be stopped by hot water applications, if it continues too long.

As regards sutures in the scalp, you will find it stated in the books that they may cause inflammation or erysipelas. Nothing can be further from the truth. You may apply them, whether of silk, silver, or other material, with as much freedom as in other parts of the body. The inflammation is

the result of the operation or of the wound, and is not caused by the sutures, any more than by tying together locks of the hair ; so you need never be afraid to introduce any kind of sutures into the scalp.

These sebaceous cysts may break down, and discharge by suppuration. Granulations will then spring up from the bottom, and will give rise to a very ugly appearance, causing them to resemble a malignant tumor. You will remember this possibility in making a diagnosis.

TUBERCULOSIS OF THE CERVICAL AND OTHER GLANDS.

Here is one of those cases that I had before you at the last clinic, of trouble in the lymphatic glands of the neck. The neck is very much swollen, and there are openings in several places in each side. Some bloody discharge is escaping from one, which extends deep under the fasciæ behind the jaw. When I press this swelling, a little pus exudes from the sinuses. He says that this scar on the left side was caused by an operation performed at this clinic. About a year ago my colleague, Dr. Levis, cut down over the sternocleidomastoid muscle and removed a mass of glands ; but you see here another large mass under the ear as large as an orange. These on the right side have simply been lanced.

We have an example here of tubercle of the lymphatic glands. One of these glands first became diseased, and the infection has spread to the others, and they have undergone cheesy degeneration, a very common thing in tubercular processes, whether of the lungs or elsewhere. He tells me that the glands are also enlarged in the arm pits, and I find a large mass under the left pectoral muscle. This shows that the disease is general ; it is similar to what we sometimes find in sarcoma ; it is really a malignant infection of the glands. If at the beginning I could have got at the first gland and removed it, I would have succeeded in preventing the infection of the other glands ; for that attack at least, for tubercle is apt to return.

Very much has appeared in the medical journals, of late, with regard to the bacilli of tubercle. They are small organisms which may be found with the microscope, with the power of about five hundred diameters, in sections taken from the lung and tuberculous glands. This micro-organism is said to be the cause of tuberculosis originally, and the means by which it extends to other parts of the body. Klebs, in 1868, first called attention to it, but his observations were lost sight of, until they were recently revived by Koch and others. Like the bacteria which are found in suppurating wounds, and in septicæmia, I believe that the bacilli of tubercle do not initiate the trouble ; they merely act as carriers of the infection, just as the white blood cell carries it. This is the whole matter. Here we have an infectious disease of the

glands. Either through the opening made in the original operation, or through the subsequent openings, the bacilli entered the wounds from the external air, subsequently multiplied in, and migrated into other glands, carrying infection with them.

We will not attempt any specific treatment, whatever, in this case, but simply tell the man to live on good diet, to take milk punch, to exercise in fresh air, and attend to his general surroundings ; we may also give him a tonic. In this way we endeavor to build him up, and render him capable of resisting the spread of the disease.—*Col. and Clin. Record.*

MALTINE IN NERVOUS DISEASES, ETC.

BY J. K. BAUDUY, M D., ST. LOUIS, MO.,

Professor of Nervous Diseases and Clinical Medicine, Missouri Medical College.

My very successful experience with maltine makes me feel it a duty to the profession to point out some of the principal features of merit this very valuable preparation possesses. Prof. Ogden Doremus, of New York, claims that maltine "*is nutritive to every tissue of the body, from bone to brain.*" The opinion of this very distinguished chemical observer seems well based in fact, when we consider the composition of maltine, containing, as it does, in a most concentrated form, the most valuable and nutritive constituents of malted wheat, oats and barley. It therefore contains *three* most nutritive and digestive agents, rich as they are in phosphates, diastase and albuminoids. Hence at a glance, it is apparent that for constructive metamorphosis of the brain and nervous system at large, this preparation must prove most efficacious. The large proportion of brain and bone producing food it contains, therefore, makes it of incalculable benefit in many forms of wasting and asthenic disease. The large proportion of diastase and other albuminoids present in its composition, give it both digestive and nutritive value. Its digestive properties, in fact, enhance its nutritive or tissue forming capacity.

The nutritive constituents in these cereals vary respectively. The well ascertained fact that oats and wheat are preponderate in *nitrogenized* principles, is a substantial advantage possessed by a preparation of this character, and naturally very greatly elevates it in value over oleaginous articles rich in the hydrocarbons exclusively. Therapeutically, maltine thus has a much larger range as an analeptic measure, and supplies a want long experienced by the profession in the treatment of wasting and neurasthenic maladies. The large amount of the phosphates, albuminoid and other valuable nutritive elements in a preparation not unpalatable,

and which keeps perfectly in all climates, is an advance in nutritive preparations not too highly to be appreciated by the medical profession. Then, again, as Prof. Attfield observes, another advantage of no mean value is, that it "belongs to the *non*-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting diastase. In comparison with the alcoholic malt extracts, maltine is about ten times as valuable as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable as a starch digesting agent." With such chemical recommendations we can, therefore, no longer doubt the genuine merits of maltine. It occurs here to us to add that its *non*-alcoholic properties give it a signal advantage in chronic conditions of debility, as the prescribing of alcoholic preparations under such circumstances is a practice fraught with future dangers to the patient, for which the medical practitioner is, in a moral point of view, directly amenable to charges of criminal carelessness, as our experience fully attests. In a word, in all diseases of general debility, wasting or atrophic affections, and in nearly all varieties of indigestion, it is a therapeutic auxiliary, the most valuable we have as yet encountered, and with which we conscientiously say we do not tire, being daily more and more convinced of its advantages. With the long and very extensive practical experience we have had of its value, we would be at an infinite loss to replace it in our daily practice now that our confidence in its real merits has been so fully established. Such being a few observations upon maltine considered theoretically in connection with its composition or most beneficial constituents, we will now more particularly specialize some of its advantages from a practical and clinical standpoint, illustrative of the efficacious results attained by employing an agent so rich in diastase, and very important nutritive elements. At a glance it will be observed that the field for this preparation is in cachetic and diathetic conditions, all perversions of nutrition, difficult assimilation, disordered digestion, in which individual or all the gastric and intestinal functions are in abeyance, gastric and intestinal lesions, pulmonary affections, diseases of debility, general prostration, wasting maladies and all depressed or neurasthenic conditions of the nervous system. In a word, in the treatment of nervous diseases, maltine is one of the most valuable therapeutic agents at our command. Such being the immense scope for its usefulness, we will now more particularly endeavor to individualize some of the more special morbid conditions in which it has attained its greatest usefulness in our hands.

In the treatment of epilepsy it has always been desirable to possess some agent to give in combination with the bromides, in order to obviate the very depressing effects and tendency to the pro-

duction of dyscrasia, that the latter remedy sooner or later superinduces, when its administration is long continued, as it must needs be, in the treatment of that implacable affection. I have found maltine most useful in this connection, especially when it is given with iron and quinine or the phosphates, or some other of the various tonics with which the preparations of maltine are intimately united. It has the effect of greatly obviating the unpleasantly depressing effects of the bromide salts. In all the forms of dyspepsia, especially in the dyspeptic complication of neurasthenic diseases which are so common, constituting a vicious circle, one morbid condition reacting upon and aggravating the other, maltine is invaluable, especially when administered in combination with pepsin and pancreatine—which latter preparation contains six grains of pepsin and pancreatine to the table-spoonful.

In chorea, hysteria, and many allied neurotic conditions, where cerebro-spinal anæmia is one of the principal underlying pathological conditions, I know of no remedy which, as an *auxiliary* method of relief, I consider more urgently indicated when combined with the classical remedies which are resorted to in these diseases. As a nutritive tonic I use it exclusively in the place of cod liver oil, and alone or in emulsion with the latter, I deem it a most important and useful therapeutic agent in pulmonary affections, and, as I have said before, in neuralgia, epileptiform complications, many varieties of paralysis, chronic and numerous other neurotic affections, I have found it a most important adjunct when combined with the standard remedies usually administered in such cases. In many perversions of nutrition, such as the atonic and nervous varieties of dyspepsia, maltine has a most happy effect, correcting functional gastric disturbance, improving digestion, promoting assimilation, and *rapidly increasing bodily weight*.

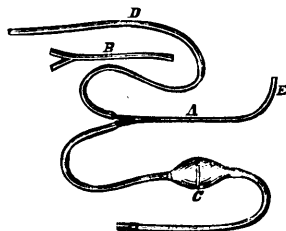
In neuralgia, when "the hungry nerve cries out for food," there is no analeptic preparation that equals it, especially when administered with phosphates or hypophosphites. Cod liver oil is hardly comparable, because there are so few stomachs that will tolerate the latter remedy for a great length of time, and at all seasons. The combination of maltine with *peptones* is highly desirable in this affection, and is a very useful preparation, which being highly nitrogenized and rich in albuminoids, cannot fail to be of service when administered in conjunction with quinine, iron, the arsenical preparations, and other remedies which constitute the armamentarium of the physician in neuralgic diseases. In grave and hopeless cases of organic nervous lesions, maltine is useful by aiding nutrition and promoting the functions of digestion and assimilation which are so frequently perverted. In such cases it certainly serves to prolong life. Such are some of the more important

uses of this remedy which I have cursorily reviewed. Some I have, doubtless, overlooked, and many not analyzed in a sufficiently exhaustive manner.

One merit possessed by maltine is, to my mind, one of the greatest claims corroborative of its superiority and advantages over nearly all other analeptics, namely: that when administered *alone*, as I have not seldom witnessed, it will exercise in not a few instances the most happy and beneficial effects. There are very few cases of *chronic* nervous diseases, or conditions of depression in other affections, not in any way allied to the neurotic group, in which I do not prescribe maltine, and expect to reach results no longer a source of astonishment to me, but which are daily witnessed in my practice from its administration.—*St. Louis Med. and Surg. Journal.*

CYSTITIS—TREATMENT BY WASHING OUT THE BLADDER.

A. Male double current silver catheter with flanges for attaching rubber tubing. *B.* Female double current silver catheter without attachments. *C.* Household syringe attached to catheter with rubber tubing. *D.* Rubber tubing attached to the catheter for the purpose of conveying the fluid to a vessel at the bed-side of the patient, preventing soiling of the bed.



The treatment of diseases of the bladder has heretofore been very difficult on account of the crude means of applying remedies to the diseased organ. By the aid of a suitable instrument diseases of the mucous membrane of the bladder are as amenable to treatment as if located externally. The bladder must be kept free from decomposed urine, in order to effect a cure.

A continuous current of pure medicated water can be carried through the bladder, and the organ kept free from mucus, gravel, blood-clots, etc. There are bacteria in all decomposed urine which keep up constant irritation of the mucous membrane. Carbolized warm water passed through the bladder destroys them. The instruments heretofore used for washing out the bladder have been very poorly constructed, and I have been very much annoyed with their use, hence the invention of this instrument.

Prof. S. D. Gross, in the *Med. Gazette* for May,

1882, says, "The local treatment of cystitis is the most important. As regards the treatment of the urine, it must be borne in mind that the ammonium in the urine keeps the bladder in a constant state of irritation. The first thing to be done, therefore, is to wash out the bladder. The best way, perhaps, of doing this is to procure a gum-elastic bag holding about four ounces, and to have a basin of water at 98° F., ready. Then after drawing the urine with a flexible catheter, whose end is smooth, allow the catheter to remain *in situ*, and the bladder may be washed out by simply connecting the mouth of the bag with the catheter. The warm water thus injected should be retained as long as possible, and then drawn off, and the operation repeated." With the use of the above instrument the patient can lie in bed and have any quantity of pure or medicated water passed through the bladder without removing the catheter, or distending the same in the least, but if desired to distend the bladder, compress the delivery tube with the thumb and finger, and continue to force water into the bladder until a sufficient quantity has been thrown in, then remove the pressure and let it pass out.

Some of our eminent surgeons have advised the operation of lithotomy for the cure of cystitis. The incision is kept open in order that the urine may pass off as soon as it is secreted by the kidneys, so that it will not remain in the bladder and keep up irritation of the organ. Such eminent men as Emmet, Parvin and others, have operated upon females and kept the incision open for twelve months in order to give the bladder rest, and nature a chance to repair the damaged organ. My mode of treating irritation of the mucous membrane of the bladder, from whatever cause produced, is to keep the bladder washed out thoroughly—if necessary keep a stream of water constantly running through the bladder, and not allow the urine to remain in the organ long enough to become decomposed. I will give a few cases, treated in this way, for illustration.

Mrs. M—, 39 years of age, the mother of nine children, the youngest five years old. She stated to me that she had been suffering intensely with her bladder for nearly four years. She has passed a great number of small calculi from the size of a pea to mere sand. Her suffering has been increasing, and calls to micturate have become more frequent, and painful, at the present time nearly every fifteen minutes. On examination of her urine I found it very scanty, high colored, and containing clots of blood, and a quantity of mucus. It also contained phosphates and bacteria in abundance. I washed out the bladder with warm water acidulated with nitric acid every day, and the sand came away in large quantities at each washing. The sand finally ceased passing and the patient improved in flesh and strength rapidly,

but still the urine remained ammoniacal, and contained bacteria. The use of carbolized warm water soon removed them, and the patient was entirely cured. Twelve months have elapsed since and the patient is in good health.

Mr. B.—, 40 years of age, stout and healthy, has had gonorrhœa and was under a surgeon's care for nine months for stricture of the urethra. The mode of treatment was dilatation, but he did not improve under that treatment and requested me to examine his case. I examined his urine under the microscope and found bacteria in abundance, and his urine ammoniacal. I washed out his bladder twice with carbolized water, which entirely relieved him.

Mr. H.—, twenty-three years of age, single, had gonorrhœa two years ago. Says he has gleet and "the doctors can't cure him." He has been under treatment from physicians of his place for over a year, and is no better. I examined his urine and found it ammoniacal, and it contained mucus, blood, pus and bacteria. I washed out his bladder with carbolized warm water, and a quantity of mucus, blood and pus came away. I continued the stream of water until it came away as clear as when it entered the bladder. Three weeks treatment with washing out the bladder and a slight diuretic relieved him.

My friend, Dr. J. W. Pritchett, corresponding Secretary of the Kentucky State Medical Society, and ex-President of the McDowell Medical Society, has treated a number of cases of irritable bladder successfully with this instrument, that had resisted all other means employed.—Dr. Ross, in *Am. Med. Weekly*.

THOMAS KEITH ON OVIOTOMY—It is never too late to notice the words of Thomas Keith on this subject. Especially are they of interest now. Since of late, discussion has been rife in certain journals as to whether he has abandoned the use of antiseptics in ovariomies or not. This pamphlet contains his latest utterances, and they may be summarized as follows. During fourteen years prior to the use of antiseptics, the mortality in two hundred and thirty ovariomies was nearly one in seven. In the year before the spray was used, in twenty-one cases, but one died. Of the entire number, only two had a temperature of 103°. Of the first eight cases after using the spray, there were two deaths; then eighty successful cases. The spray solutions were weak. Then a five per cent. solution was used. Immediately it was noted that the temperature often rose above 103°, even to 107°. Finally he came to the conclusion that this rise was due to absorption of carbolic acid. Whilst using the spray, he had not drained as often as before. Lost a case from acute septicæmia. The

next case, though very similar, recovered, the spray and drainage having been both used. Finally, four cases had hæmorrhage from the kidney; two of them died from pure carbolic poisoning. He was himself repeatedly ill from effects of poisoning, even to hæmorrhage from kidneys. So, after two years' faithful trial, he gave up the spray. He doubts if it is of any use whatever in ovariotomy. Since, he has had twenty-six cases without a death, without a temperature much above 100°. His present practice is to use sponges, usually disinfected by a one in twenty solution of carbolic acid, often only put in hot water. The ligatures are of silk for the pedicle, and deep sutures of horse-hair for the superficial. The wound is carefully closed; is not looked at for a week, and then is generally healed. It is covered with carbolized gauze softened with glycerin, a layer of cotton-wool, a flannel bandage. Where there were extensive adhesions, and where the abdomen cannot well be cleansed, he drains. If there is not free drainage, he introduces a syringe through tube, and sucks out. Drainage tube, in general, removed in forty-eight hours. Since substitution of ether for chloroform, he has had scarcely any prolonged vomiting. The patient is in bed for a fortnight, sitting up in a week or ten days. The incision should be as small as possible, always, however, long enough to admit the hand. As to the time for operating, if a patient has a tumor, "if it is to come out, better have it out without loss of time." He taps a great deal; likes it. Only danger is from hæmorrhage, and this is lessened by using a small needle. Exclusive of cysts of broad ligament, he has tapped perhaps a dozen small cysts, and cured by tapping. Adhesions come from imperfect tapping. He makes no injections into cysts. Generally cauterizes the pedicle, though of late has been using silk ligatures a little. For the purpose of looking into the abdomen to see if all is clean, he uses a reflector, and finds it invaluable.

The question of removing fibroids is in same condition ovariotomy was twenty years ago. The rapidly growing ones in young women should be removed. Fibrous cysts should be taken out as soon as possible. Fibroids growing by pedicle from fundus he never touches, because they don't kill. Internally ergot is of service. Has operated nine times, with eight recoveries. The one fatal case was due to carbolic poisoning.

As for extirpation of the uterus for malignant disease, he has had no experience. You rarely see them in time, and if you do operate, the disease would return.—*American Practitioner*.

MOVABLE LIVER.—Science has recorded ten cases of movable liver, all pertaining to the feminine sex, and so clearly described that, notwithstanding the absence of anatomical verification,

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Please refer to the very able article of Dr. D. W. BLISS, in New York *Medical Record*, July, 15th, 1882, in which he so frequently refers to BEEF PEPTONIDS, having been used to so great an advantage not only in the case of the late PRESIDENT GARFIELD, but many others as well.

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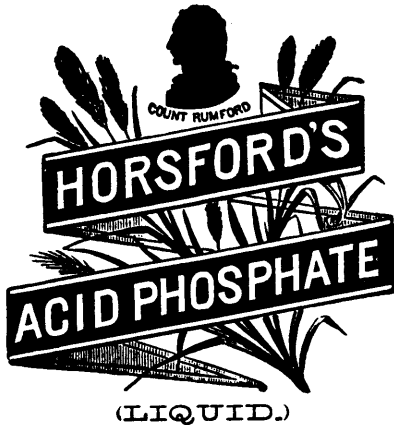
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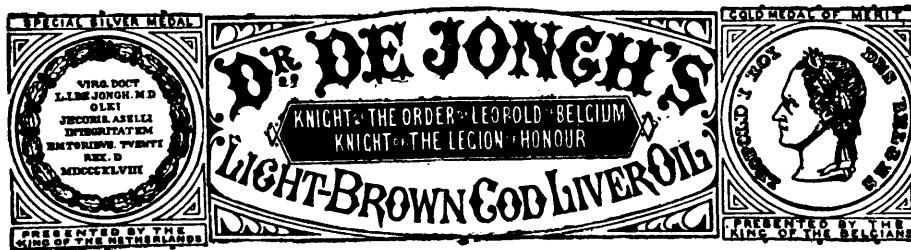
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The subject, a woman *æt.* 50 years, relates that in her youth she was healthy, menstruated at 16, and became suddenly hump-backed at the age of 28 years without any symptoms of paralysis. She has had seven children—the last at the age of 41 years. Two of her confinements presented anomalies. During her last pregnancy she entered the hospital with an icterus which was qualified as catarrhal, and which appears not to have coincided with displacement of the liver. The labor was tedious—shoulder presentation—child lived. Since that time the patient has complained of dragging pains in the right side, with the characteristic sensation of an intra-abdominal mass, according with the movements of the body in the lateral decubitus. The discomfort occasioned by this state of affairs has been so great as to incapacitate her for work and necessitate her entrance to the hospital.

The patient is of slender figure. The vertebral column deviates to the left, with posterior convexity. The deformity is confined to the inferior dorsal and lumbar region. The thorax appears well formed in front, but its inferior right border rests almost directly upon the crest of the ilium. Percussion elicits pulmonary resonance down to the sixth rib; then in place of the hepatic dulness, there is tympanism, which increases from above downward.

The abdominal wall is flabby and pendant. A little below the umbilicus one sees a transverse projection, constituted by the sharply defined border of a tumor, moderately consistent, easily movable from right to left. At the junction of the right two-thirds with the left third there is a deep notch. The tumor is smooth, flat on percussion, and does not follow the movements of the diaphragm. It is the liver which has become movable in the abdomen. It is found impossible to replace it in the right hypochondrium because of the dorsal and thoracic deformity. All the functions are normal. It is an acquired infirmity rather than a pathological condition, and the patient is afforded appreciable relief by means of a well-made belt.—*Archives Generales de Medecine*, July, 1882.

OPHTHALMIC APHORISMS.—Dr. J. J. Chisholm, of Baltimore, gives the following valuable aphorisms in a report presented to the Maryland State Medical Society at its last session:

1st.—*Do not blister.* In forty-nine applications

out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye disease from which the patient is already suffering.

2nd.—*Do not use nitrate of silver.* As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is a very painful infliction to the ninety-nine who would have been so very much better off without it.

3rd.—*Do not prescribe sugar of lead.* In every case zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

4th.—*Always use weak solutions of the mineral and vegetable astringents* in the treatment of eye inflammations which attack the mucous surfaces, and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper or nitrate of silver, in an ounce of water, will in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

5th.—*Solution of the sulphate of atropia*, from one to four grains to the ounce of rose water, is an essential eye-drop in the treatment of acute iritis, to break up newly formed adhesions. One drop of the atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

6th.—*Eserine in solution of one grain to the ounce of water* is the remedy for purely corneal lesions.

7th.—When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists who are more familiar with eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.

If physicians would commit to memory and keep at their finger ends, and ready for use, these simple aphorisms, the amount of mental and bodily suffering which they will prevent in their eye patients is beyond calculation. While all good rules have necessary many exceptions, they may safely follow their simple guidance.—*Ohio Med. Journal*.

IODOFORM DRESSING IN VIENNA.—In the general Hospital, Billroth, Albert, Dittel, Weinlechner use it, and so also do the surgeons in the other large civic and military hospitals here. In Billroth's clinic I have not seen the spray used once. The part to be operated upon is scrubbed with soap and carbolized water, and then carefully carbolized again. The requisite operation is then made. All the instruments are laid in carbolized water, the

sponges also, and before dressing, the wound is thoroughly irrigated with a three per cent. solution. It is then dressed with iodoform gauze instead of the Lister gauze, with no intervening protective. Over the gauze is usually placed a moderately thick layer of absorbent cotton, and then something corresponding to the Mackintosh over this. The whole is then closely and neatly bandaged; the bandage used being quite wide and made out of strong gauze.

If advisable, the wound may be dusted with powdered iodoform. In subperiosteal amputations it is dusted in many cases under the periosteum; in osteo-plastic resections, likewise, between the ends of the bone, and after extirpation of tumors many would sprinkle it upon the inner surface of the flaps. The drainage tube is much less resorted to now than when the strict Lister dressings were used; there being less need for it. Under the influence of iodoform there is much less suppuration, and whatever discharge takes place is more of the nature of a serous exudate. Indications for change of dressing are much as they were under the regime of Lister. An absolute indication for change is an elevation of temperature after it has been for several hours or days normal. Relative indications for the same are pain, and burning and itching in the part as they may seem to call for it.

Inasmuch as iodoform has an actual pain-stilling effect, which is, of course, in its favour, these latter symptoms occur comparatively rarely, and are largely the result of tight or improper bandaging.

Certainly, as an antiseptic, iodoform must rank ahead of carbolic acid. Further than this it undoubtedly promotes absorption more rapidly than any other medicinal agent. And for this reason it is very largely used by the syphilologists and dermatologists here for hastening the subsidence of buboes and of scrofulous adenoid enlargements. They inject it in ethereal solutions; and for the most part with excellent effect.—*Dr. Park, Annals of Anatomy and Surgery.*

ANTISEPTICS IN TYPHOID.—In his service at the Hotel-Dieu, Vulpian has made some comparative observations on the utility of the various antiseptics employed in typhoid fever. Iodoform has not given any good results. This is the more remarkable, since this agent now occupies an important place as a remedy in septic processes. Salicylate of bismuth is an excellent antiseptic, but it is not readily soluble, and hence the large dose necessary to obtain any result—from two to three drachms daily—presents many inconveniences. It is found, also to increase the tendency to nasal and intestinal hemorrhage. Boracic acid, carried up to the dose of three drachms daily, by regular increment of the daily dose, has not done any good. The best results have been achieved

with salicylic acid. Vulpian has administered this in doses of three or four grains every half-hour until the daily quantity has reached the large proportion of three drachms. In some patients, especially in young men, he has produced some cerebral disturbance—a light delirium—in others albuminuria has appeared; but this is by no means an uncommon symptom in typhoid when left to its own course, and in some cases the albuminuria disappears when as much as 200 grains of salicylic acid are taken daily. The real cerebral effect which may, then, be referred to salicylic acid, is a slight delirium. Under the salicylic-acid treatment the temperature falls in forty-eight hours, three to four degrees; and this reduction of the body-heat is more persistent than that effected by carbolic acid. At the same time there ensues a notable amelioration of the general condition of the patient. But Vulpian does not pretend that the mortality from the disease, nor its duration, is notably diminished by the modification in its symptoms thus effected by salicylic acid.

In the course of the discussion on Vulpian's observations, it appears that the central idea of the antiseptic treatment of typhoid is to act on the typhoid germs introduced into the intestinal canal from without. Vulpian gives the preference to salicylic acid because it possesses so little toxic activity *per se*. He objects to the use of the carbolate of sodium for this purpose, because, owing to its solubility, it cannot be accumulated in the blood in sufficient quantity to act on the disease germs. The treatment by purgation during the period of invasion—the prodromal stage—was also considered. One of the modes of the "specific treatment" of typhoid, as pursued by our German colleagues, is the mercurial plan, which consists in the administration of purgative doses (ten grains) of calomel during the first week. Several doses of this kind must act in three ways: sufficient bichloride is produced to act on the typhoid germs as a poison; the germs are removed by a purgative action; the temperature is lowered by the combined result of these actions. The range of temperature has a certain relation to the number and activity of the germs present in the blood. Hence their destruction at an early period becomes very desirable.—*Med. News*, Oct. 14, 1882.

THE NON-IDENTITY OF CROUP AND DIPHTHERIA.—Dr. McGillvary, of Sydney, N. S., writes to the *Philadelphia Medical News* as follows, in regard to the above subject:—In your issue of October 21, there appeared a lecture delivered by Dr. Morell Mackenzie, of London, at Bellevue Hospital Medical College, on "Diphtheria." In that lecture the learned Dr. pronounced croup and diphtheria one and the same disease. This is an utterance *ex cathedra*, and deserves more than passing notice.

I do not think that the *ipse dixit* of this distinguished authority is sufficient to establish his doctrine of identity in regard to those hitherto considered separate diseases. But he goes farther, and states: "I believe though, after all, it is a mere theoretical question." I think it is very much more, not as far as the medical treatment is concerned, but it is of very great importance in regard to the question of contagiousness.

Diphtheria has been regarded as a most contagious disease. Croup has not been so regarded. In the one case it has been the rule to isolate the patient, quarantine the family, and exclude the other children, if there are any, from the public schools for a certain specified time. In the other case there has been no isolating, no quarantining, or limitation of personal freedom. If these diseases are identical, why this exhibition of inconsistency, why this wanton trifling with human life in the neglect of proper precautionary measures? If the members of the medical profession are to be regarded as the guardians of the public health, this question of the identity or non-identity of these diseases is of much more importance than a merely "theoretical question."

During an active practice of twenty years I have had quite a number of cases of membranous croup under my care. During ten of these years there has not been a case of diphtheria in the district, yet during these years an occasional case of true croup would appear, and in none of them was any attempt ever made to prevent the spread of the disease. Yet no second case ever occurred in the same family, nor were any other members of the household afflicted with sore throat of any kind near the time when the cases of croup arose.

In some of the cases that proved fatal, there were quite a number of other little children in the same family. These had constant access to the bed of the suffering one, and after death for two or three days, while the body remained in the house, these little ones would hover around where it was lying, and many fond kisses were showered on the loved form, and yet I have never had a second case in the same family. On the other hand, I have had cases of diphtheria when every effort was put forth to prevent the spread of the disease, and while I might now and again succeed, yet in the large majority of cases the disease would spread in the face of all that I could do.

Now with facts such as these before me, and my experience does not differ from that of many others, is it any wonder that without something more than mere assertion I should still very respectfully maintain that croup and diphtheria are *two* and distinct diseases, the one a highly contagious disease, the other not in the slightest degree contagious.

In order to save the profession from well-merited reproach an account of so much diversity of opinion on this subject cannot a Medical Commission

be appointed to deal with this matter and to arrive at some definite finding?

ATROPINE IN MANIA.—Dr. J. R. Gasquet (Lond. Pract.) finds atropine useful in cases which had been previously benefited by hyoscyamin. He recommends the drug on account of its comparative safety and cheapness.—*Journal of Mental Science*

PERFORATING DUODENAL ULCER.—John P., aged thirty-four, a coachman, and a well-built, active, muscular man, apparently in robust health, consulted me in November, 1881, having been suddenly seized with agonizing pain in the right hypochondriac region, extending downward and to the back. The pulse was slow, of good strength; the skin cool, and in twelve hours he was free from pain. Morphia was injected subcutaneously. During the succeeding six months he had occasional attacks of abdominal pain and sickness, not however, of such severity as to induce him to seek medical aid or to interfere with his work. While in the act of stretching himself to hang a picture, on the evening of April 23, 1881, about an hour after a meal of tea and bread-and-butter, he was again suddenly seized with the same pain as before, and when seen was in a chair, moaning, with the knees drawn up, pale, with a cool skin and a slow but not weak pulse. Bowels had acted during the day. Morphia was again injected with but little relief, and by the following evening he was in a state of profound collapse, and died in twenty-four hours after the seizure.

The abdomen was examined twenty-four hours after death. Rigor mortis complete, with great lividity of surface and rapid decomposition. On opening the abdomen, fetid gas and about two quarts of turbid brown fluid, with yellow floating shreds, escaped, and on raising the transverse colon a round perforation, half an inch in diameter, was seen in the duodenum, which was perfectly free from adhesions. The omentum had limited to some extent the spread of the peritonitis, but there was much soft yellow lymph on the liver and the adjacent bowel. On removing the duodenum, the opening was seen to have a thick rounded margin, firm to the touch, surrounded by folds of mucus membrane radiating from it.

Three years ago George S., aged thirty-six years, while jumping on the hind step of a high gig, was seized with extreme pain in the abdomen, and faintness. When seen by me he presented the phenomenon of collapse in the most intense degree, and for about six hours showed no sign of rallying. Gradually the pulse became perceptible, and warmth returned, but the abdominal pain was extreme, and for three days he lay in a dangerous state. In eight days he had recovered sufficiently to be removed to his home, a distance of some miles, and when heard of six months ago was alive and well. Previously for some months he had occasional at-

tacks of abdominial pain, which he attributed to "cramp"—*W. Henderson, M.B., Glasg. in The Lancet.*

METHODS OF AMPUTATION.—Prof. Stokes in his Address on Surgery, at the meeting of the British Medical Association, reviewed the different methods employed by different surgeons. According to Von Langenbeck Trelat, and others, the preservation of the periosteum is attended with advantage. The formation of a periosteal curtain to cover the cut surface of the bone and its medullary canal is believed to act as a shield or barrier against septic agencies, and diminish the chance of the occurrence of some of the secondary calamities, notably osteomyelitis, following amputations. The method he has in some instances adopted, and with success, is, making a somewhat quadrilateral-shaped flap at the membrane and letting it fall over the cut surface of the bone. Another method, that of M. Trelat, is to detach the membrane all round the bone for fully an inch below the point where the bone had to be divided, making, in fact, a sleeve-shaped flap. This plan must, however, materially protract the operation. This led him to consider some other comparatively recent improvements in the operation of amputation, and to bear his testimony to the great advantages to be derived from the adoption of the principle of long anterior flaps, the chief credit for establishing which belongs to the late Mr. Teale, of Leeds.

Gritti's operation undoubtedly owes its parentage to that of Carden; but, although the retaining of the patella and consequent preservation of the normal attachments of the extensors of the leg is a plan as good as it was original with Gritti, still the details of this method prevented the realization of those advantages which in principle it embodied. Hence the modification which Mr. Stokes terms "supracondyloid amputation"—an operation which retaining the advantages of Gritti's method, eliminates its effects by lengthening the anterior flap, forming a posterior flap one-third the length of the anterior one, saturating the patella and femur together, and, lastly, and most important of all, by making a high femoral section, but one not involving the medullary canal. The special advantages that may be claimed for supracondyloid amputation are:

1. That the posterior surface of the anterior flap being covered with a natural synovial membrane, the chances of suppuration and purulent absorption are diminished.

2. Any possibility of the split patella shifting from its place on the surface of the femur is prevented by the high femoral section, and by saturating the two bones together.

3. The vessels are divided at right angles to their continuity, and not obliquely, as in other flap operations.

4. The existence of a posterior flap diminishes the chances of any wide gaping of the wound; while the anterior flap, being oval, increases the chances of the stump tapering gradually towards its extremity and assuming the form of a rounded cone.

5. The preservation of the abnormal attachments of the extensors of the leg.

These advantages embody those of both flap and circular amputation of the thigh, and, at the same time, eliminate the defects.—*Brit. Medical Journ.*, August 12, 1882.

INFLUENCE OF OCCUPATION ON SYPHILIS.—A paper recently read before the National Society of Medicines, of Lyons, by Dr. Guinard, on this subject, excited considerable discussion, from syphilographers and others, at the time. From a review of the question discussed in it, as to the hygiene of glass-blowers and the prophylaxis of syphilis, in the *Archives of Dermatology*, we learn that RivedeGier, which is to-day, from the industrial point of view, the first and principal centre of the manufacture of glass in France, was twenty years ago, from the medical point of view, the first and principal centre of observation of syphilis transmitted by glass-blowing. It was upon a workman in one of its factories that M. Rollet first recognized and demonstrated, in 1850, the contagiousness of secondary lesions. That abundant opportunity for direct syphilitic infection is furnished by glass-blowing, is shown by the statement that three workmen pass the same tube from mouth to mouth 75 to 85 times hourly. Three epidemics produced in this manner are described in detail. In order to guard against their recurrence, bi-monthly inspections of all the workmen were instituted in some establishments, no one being employed without presenting a certificate of health from the physician in charge. These examinations, although successful in preventing further symptoms, being objected to by some of the workmen, the attempt was made to introduce the use of movable mouth-pieces for the tubes one being furnished each workman. Although this device seemed to answer the purpose at first, it was soon discovered that the men would not use them, and the occurrence of several new cases of buccal chancres caused the bi-monthly inspections to be resumed.—*The College and Clinical Record.*

THE ABORTIVE TREATMENT OF GONORRHOEA.—Believing that gonorrhœa is due to parasites, Dr. W. Watson Cheyne (in the *Lancet*) contends that the proper method to abort the disease is to destroy the parasites. The materials which he employed with the view of destroying the cause of gonorrhœa were chiefly iodoform and eucalyptus oil, and these he still uses. As injections are apt not to penetrate sufficiently far, and as their effect are only momentary, he combines these sub-

stances with cocoa butter, and makes them up in the form of solid rods about 4 in. or 5 in. in length, and about the thickness of a No. 10 catheter. These rods weigh forty grains each, and each contains five grains of iodoform and ten minims of eucalyptus oil, introduced into the urethra, over the orifice of which a pad of boracic lint is applied, and outside this is a large piece of gutta percha tissue, the whole being fastened on by strapping, and retained for four or five hours, if possible. The cocoa butter soon melts, and a solution of iodoform in eucalyptus oil bathes the mucous membrane for some hours. Another rod may then be inserted, and a suitable injection be employed afterwards. This method is only of use, in his experience, before or during the inflammatory stage, and he employs it at any time till the inflammatory symptoms have disappeared, but generally within the first seven or eight days after the commencement of the discharge.—*Medical and Surgical Reporter*.

A NEW METHOD OF DETECTING SMALL STONES IN THE BLADDER.—Dr. S. Cuthbertson Duncan has used for about three years the following method of detecting stone when small or in fragments. He takes a nickle-plated sound, such as is used for that purpose, and holds it over the flame of an ordinary lamp or candle until the point is covered with a thin, black film. After it has become quite cool, it is dipped in a solution of collodion and allowed to dry. He then oils it with castor oil, and introduces it a short distance in the urethra and withdraws it to see if it be injured. If not he proceeds to explore the floor of the bladder with a sweeping lateral movement. If there be a stone or any fragments left after lithotripsy, its black covering will be removed in patches, and the bright metal show through. The author thinks this more delicate than Napier's indicator, the point of which is made of lead, blackened by chemical agents; and this very method does not impair the conducting power of the sound in any degree. A short beaked solid steel sound is preferred, with a round handle, which has a flat disk about two inches from the end, at right angles to the curve of the beak, to serve as a guide for the direction of the point. The round handle allows it to be rotated between the index finger and the thumb, the most sensitive part of the hand—two things necessary for rapid and delicate manipulation.—*British Med. Journal*.

A VICTORY OF SCIENCE.—A child nine years of age suddenly disappeared at Alexandria during May last. A short time afterwards his body was found drowned, and the Greeks accused the Jews of having killed Evangeli Fornaraki, after they had taken his blood for their religious rites. It was asserted that the supposed victim had incis-

ions on his tongue and his wrists. An international medical commission was appointed to perform the *post mortem* examination, and this body decided that Evangeli Fornaraki's death was from drowning; that there were no wounds nor trace of wounds on his body. A Greek doctor, M. Counomopoulos, questioned the decision of the commission, refused to accept it, and affirmed that the child's death was not owing to submersion, but to an act of violence, probably strangulation. The Israelite community was in a perilous condition, and appealed to the arbitration of M. Brouardel, the well-known professor of medical jurisprudence, who testified to the absence of the slightest trace of violence, and endorsed the opinion of the commission. He pointed out that, the body having remained fifty hours under water, and having been subsequently exposed to the air during twenty-four hours, there was considerable putrefaction, which modified the symptoms of asphyxia due to submersion, and evident shortly after death; but those that were still present sufficed to show that death resulted from drowning.

WIRE LIGATURES FOR DIVIDED BONES.—Dr. T. Simpson records two cases in the *British Medical Journal*, wherein he obtained excellent results in approximating divided bones with wire ligatures. The first case was a crushed foot; he amputated according to Pirogoff, and fastened the os calcis to the tibia by iron wires. The operation wound was completely healed in ten days, but the wires were left in six weeks. The second case was a resection of the knee joint. The femur and tibia were brought firmly together by two iron wires, one on the outer, the other on the inner aspect; a most complete union was obtained. The operations were performed under antiseptic precautions, and the wire caused no irritation. It is desirable that the apertures made by the drill should be at least a quarter of an inch from the sawn surfaces, and that these surfaces should be very accurately approximated by twisting together the ends of the wires; not more than twice, however, otherwise difficulty will be experienced in removing them. Iron wire, such as that used for the stiletts of elastic gum catheters, in size about No. 22 of the gauge, will usually be found the best.—*The Med. and Surg. Reporter*.

SULPHUR IN WHOOPING COUGH.—Dr. Luton recommends in the treatment of whooping-cough, especially in the convulsive period, the administration of sulphur. Flowers of sulphur 8 to 15 grains, sugar of milk 16 grains—in ten powders, one every two hours; carbonate of iron should be given to keep up the strength, ten grains in the day. Coffee renders good service, and an emetic should be given every two days. Belladonna, which has been considered the most efficacious

remedy in this disease, has been given by Trouseau as follows:—Ext. belladonna four grains, syrup of poppies and simple syrup of each one ounce; one to eight tea-spoonsful to be given in the twenty-four hours, according to age. Dover's powder associated with extract of hemlock has been frequently given with the best results in the formula:—Dover's powder one grain, extract of hemlock in powder one grain, ginger in powder two grains, and sugar four grains, the whole to be given at bed-time, for a child of two years.—*Medical Press.*

AN ALKALOID FROM THE LILY OF THE VALLEY.—Prof. Germain Sée has brought to the notice of the Academy of Medicine a new substance which promises to be of great therapeutic value. It is an alkaloid extracted from the *Convallaria majalis*, or the lily of the valley. This new alkaloid has been discovered by Dr. Hardy, an eminent chemist, who also discovered the alkaloid from the jaborandi, to which he gave the name of "pilocarpin." Convallarine, the name of the new substance, has been experimented with by Prof. Sée, at the Hôtel Dieu, in conjunction with Dr. Hardy, of which hospital the latter is the *chef du laboratoire*. Its therapeutic action is compared with that of digitalis, for which it may be with advantage substituted, as it has none of the inconveniences attributed to digitalis. Dr. Hardy was led to make researches with this plant from the fact of its being generally used by the peasants in Russia, who employ the herb in dropsies, and in all cases requiring increased diuresis. According to Prof. Sée the convallarine is a powerful diuretic, and it has a marked influence on the contraction of the heart, which it regulates, while it lowers the pulse in a remarkable manner.—*Lancet.*

PROPER WAY TO GIVE ACONITE.—In the *London Medical Record*, Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the British Pharmacopœia—from 5 to 15 minims—is absurdly large, and no one with any regard for his patient's safety or his own reputation would ever think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used,

aconite is one of the most valuable and indispensable drugs in the Pharmacopœia.—*Kansas Med. Index.*

COOLING WATER.—A simple contrivance for cooling water has been invented by M. Toselli, of France. It is described in *Les Mondes*, and consists of a cylindrical cup for holding any liquid, into which may be plunged an inner goblet shaped like an inverted truncated cone, and having a lid that rests upon the outer cup. Putting one hundred and fifty grams of nitrate of ammonia in the inner goblet, filling it with cold water, and stirring it so as to hasten the solution, the temperature of the outer liquid is soon reduced to at least 12° C., or 28° F. The salt may be used for an indefinite period by spreading it upon a plate after each trial, and exposing it to the sun until it crystallizes anew. The inventor prepares a salt which will lower the temperature 28° C., or 50° F., in the warmest countries.—*Louisville Med. News.*

WOUNDS OF THE HEART.—A recent leading article in the *Lancet* shows the fallacy of many popular and even medical opinions respecting the absolute fatality of wounds of the heart. According to this article there is no case of absolutely instantaneous death from cardiac wounds. Wounds of the apex only kill within an hour after the wound has been inflicted. In one instance cited, a man lived twelve hours after the heart had been bisected by a sabre. Out of twenty-nine cases cited in the article in question, only two died within forty-eight hours after receiving the wound. The others lived from four to twenty-eight days; death resulting in most cases from unavoidable complications. Recovery may take place even when the wound is extensive for a bullet has been found imbedded in the muscular wall six years after the receipt of the injury; the patient dying from a disease entirely disconnected with the cardiac wound.—*Chicago Med. Review.*

THE EASY PREPARATION OF CATGUT LIGATURES.—Whether one pins one's faith to the antiseptic system or not, the use of catgut ligatures is so important and so general that we call attention anew to the simple method of preparation which Mr. Lister introduced and published last year. Any doctor can prepare them for himself within a couple of days, and keep them constantly on hand. Add one part of chromic acid and 200 parts carbolic acid to 400 parts of water. To this mixture (as it undergoes change in a short time) add immediately 200 parts of catgut of suitable thickness. After soaking for forty-eight hours, dry the catgut and place it in a mixture of carbolic acid and sweet oil, a drachm and a half to the ounce (1 to 5), in which it may be kept indefinitely.—*Medical News.*

SINGULAR LEGACY TO THE FRENCH GOVERNMENT.—M. Giffard has left to the French government a singular legacy. He desires that it shall be devoted to the establishment of *suicidaria*, or national institutions, in which persons suffering from painful and incurable affections shall be allowed by the use of chloroform and other such agents, to terminate their suffering under the direction of medical experts and with the consent of their friends. M. Giffard secured euthanasia for himself by means of a special apparatus which he devised for inhaling chloroform. M. Renaud has joined the movement for the promotion of painless suicide in France, only stipulating that no man shall be by law entitled to take his own life until he has obtained the consent of his family.—*Brit. Med. Journal*.

THE TREATMENT OF RINGWORM.—A writer in the *British Med. Journal* says:—The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dobzitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one drachm to one ounce of vaseline. The result has been the rapid destruction of fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

HOW TO USE FILIX MAS.—The success of certain German "worm doctors" in using *extractum filicis* led Herr Dietrich to suppose that the best results are obtained when castor oil is administered immediately after the extract, instead of waiting an hour or two, the extract being more likely to reach the worm undecomposed and less likely to irritate the stomach during its rapid passage. Upon experiment this was confirmed (*Pharm. Zeit.*); in fact, the most favorable results were obtained when the extract and oil were administered together. This, according to Herr Dietrich, is most conveniently done in flexible capsules, each containing 1 gramme of extract and 2 grammes of oil. A dose consisting of six such capsules, preceded as usual by a laxative, has been found quite effective.—*Méd. Press and Circular*.

A SUCCESSFUL CASE OF TRANSFUSION.—We are any of us liable at a moment's notice, to be called to one of these dreadful cases of post-partum hemorrhage, and it is comforting to hear of such success as Dr. William Walter records in the *British Medical Journal*. The patient was lying

still and unconscious, lips and face blanched, her eyes had assumed a dull and lifeless appearance, her pulse could be felt only at intervals, her extremities were cold and clammy. It was with great difficulty that a vein could be discovered. About four ounces of defibrinated blood were injected. Almost immediately respiration became distinctly visible and audible. In a quarter of an hour she became conscious. Her recovery progressed without interruption.—*Chicago Med. Review*.

TREATMENT OF MEMBRANOUS DYSMENORRHOEA.—Dr. Orsby (*New York Med. Record*) gives five cases of painful menstruation, accompanied by the shedding of flakes of membrane, successfully treated with calomel in combination with opium. His formula is as follows:—*R.* Ext. opii, six grains; hydrarg. chlo. mit., twelve grains. Divide in twelve pills, one to be given every four hours till the gums are affected. He regards the known efficacy of mercury in all forms of hyperplasia, acute and chronic, as justifying *a priori* its exhibition in a complaint in which the hyperplastic element is recognized by pathologists and his practice has completely confirmed this view. Calomel has been the only salt of mercury tried, as it produces its effect rapidly with little irritation.—*Chicago Med. Review*.

ATROPINE IN THE TREATMENT OF EPILEPSY.—Dr. David advises the treatment of epilepsy by the simultaneous employment of atropine and the bromides of potassium and ammonium. For a period of six months, he orders twenty grains of the bromide of ammonium—thrice daily. At the same time the patient is instructed to take a granule of one milligramme of sulphate of atropine morning and evening. At the end of six months the following pills are prescribed:—

Valerianate of zinc..... 4 centigr.
Extract of belladonna..... 6 milligr.
Arsenious acid..... 2 milligr.
Extract of gentian..... q. s.

Two of these pills are taken daily during twelve months. Should the faintest symptom of the threatened occurrence of the epilepsy appear the treatment must be kept up for yet another twelve months.—*Lyon Medical*.—*Glasgow Med. Journal*.

MEDICAL EDUCATION IN THE UNITED STATES. The Annual Report of the Commissioner of Education, for the year 1880, has just been issued by the Government, and from it we learn that during the last decade the number of medical institutions, and of medical students in the United States has about doubled, and that the number of instructors has nearly trebled.

The number of "regular" schools is put down at 72, with 1,131 instructors, and 9,876 students.

The "Eclectic" schools number 6, with 65 instructors, and 833 students. The "Homœopathic" schools number 12, with 188 instructors, and 1,220 students. *Med. News.*

TREATMENT OF INFANTILE DIARRHŒA BY POWDERED CHARCOAL.—Dr. Guerin, in referring to a recent communication to the *Academie de Medicine*, made by Bouchardat, remarks that for a long time he has been in the habit of combating infantile diarrhœa by mixing the milk in the sucking-bottle with charcoal powder. He usually adds half a teaspoonful of the powder to one bottle of the milk. The infants take the milk readily, and in a few days the greenish stools of the little patients change to a dark yellow, while their consistence becomes increased. In addition to the admixture of powdered charcoal, the milk is diluted by one-half or one-third of its bulk of sugared water. He has frequently seen intractable summer complaints yield in a few days to this treatment.—*Canada Med. Record.*

HIP-JOINT AMPUTATIONS.—During the past month three cases of amputation at the right hip-joint were performed in England, with the aid of Mr. Davey's lever for controlling hæmorrhage. A case where Mr. McLaren, of Carlisle, operated, lost two ounces of blood; a second patient, under Mr. Cowell's care, at the Westminster Hospital, lost three ounces; and the third case, where Mr. Paul Swain, of Plymouth, performed amputation, with the assistance of Dr. Bampton, lost but one ounce and a half. All these patients are progressing favourably.—*Brit. Med. Journal*, August 12th, 1882

THE SEA-SIDE SANITARY HOTEL OF THE FUTURE.—Anxious guest to hall-boy: "Boy, where are the water-closets?" "Hain't got any, sir; they breeds fever. Boat goes down the harbor every morning. Ladies at nine, gentlemen at ten." "Well, is dinner ready?" "No, sir. We always carbolize the dining-room before meals. Now they are spraying the waiters, sir," Impatiently: "Well, where is your ice-water?" "Tain't healthy. Yonder's our Labarraque mixture flavored to taste. Have a glass, sir?" Guest retires and takes a thymolized julep.

TRAUMATIC TETANUS TREATED WITH ESERINE.—A case of tetanus is reported in the *New Orleans Medical Journal* of a boy aged 11 years, who, being wounded in the foot by a splinter, developed the disease some three weeks afterwards. After chloral, cannabis indica, etc., had been used in vain, eserine, administered in $\frac{1}{4}$ grain doses every hour for several days, gave complete relief. The pupils were dilated on two occasions, but at all other times responded to light. The eserine in-

creased neither the tears, saliva nor defecation.—*Pittsburg Med. Journal.*

M. Dujardin Beaumetz recommends the combination of the bromides and chloral as being very useful in whooping cough. He gives one dessert-spoonful of the mixture in a glass of milk, to which the yolk of an egg has been added, evening and morning.

℞ Potassii bromidi, ʒ ss.
Sodii bromidi, ʒ j.
Ammonii bromidi, ʒ ss.
Syr. chloral, ʒ iss.
Aquæ. ʒ ij.

THE CASE OF GUTEAU.—The *Boston Medical and Surgical Journal*, expresses in the following terms what we think will be the verdict of an enlightened posterity: "We feel it our duty to reiterate the opinion expressed by us from the first, that Guiteau was an irresponsible lunatic, and should neither have been tried by an ordinary criminal process nor have been sentenced to death."—*Pacific Medical Journal.*

A NEW USE FOR SALICYLATE OF SODA.—Dr. Theo. M. Kendall writes to the *Lancet* that he derived most gratifying results in a case of severe chalk gout from the use of a lotion of ten grains of salicylate of soda to the ounce. By its use, chalky deposits in the ear were softened, and in four days disappeared, leaving only a small scar.

THE VACATION OF A SUCCESSFUL PRACTITIONER.—*Wife* (to doctor just home from a week's hunting). "Well, James, did you shoot anything?" *Doctor* (sadly).—"No. Awfully bad luck; never killed a thing."

Wife (who knows him—sweetly).—"My dear, you'd have done better if you had stayed at home."

A western professor who, according to the *Peoria Medical Monthly*, discovered the fact that the hair on the mons veneris of sterile women is always straight, was somewhat non-plussed on being asked by a student whether curling of the hair would not cure sterility.

THE combination of ergot, belladonna, and iodide of iron is used at Bellevue Hospital, and proves more useful for incontinence of the urine than either of the drugs alone, or in any other combination which has been tried.—*Med. Digest.*

"I wouldn't be in Egypt," said Mrs. McGill, last week, "for all the wealth of Creosote." Seeing a look of astonishment in the face of her auditors, she added: "Creosote, you know, was an old Roman god, and everything he touched turned into gold."

THE CANADA LANCET.

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

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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THE GAZETA MEDICA AND THE UNIAO MEDICA.

Among our foreign exchanges there are none which we peruse with more gratification and instruction than the two Brazilian monthlies above-named, both of which, in the Portuguese language, are presented on excellent paper and in charmingly neat and clear type. We wish that we could say half as much in commendation of some of the numerous medical periodicals reaching us in our own tongue.

The July number of the *Gazeta Medica*, along with other highly interesting matter which gives clear evidence of the respectable status of medical education in the great Empire of Brazil, presents its readers with a full report of a "discourse by Dr. A. Pacifico Pereira, pronounced on the occasion of his assuming the chair of General and Pathological Anatomy in the Faculty of Medicine of Bahia, on the 15th of July last. Did our space warrant the indulgence, it would give us great pleasure to present to our readers this truly eloquent and instructive discourse in its entirety. We must, however, content ourselves with the reproduction of a few scattered excerpts, which will, we doubt not, prove acceptable to the readers of the LANCET, who will please bear in mind that they have been taken from various parts, which, in some instances are rather distant from each other.

"Modern medicine," says Dr. Pereria, "pursues its prospering march, encircled by the numerous cortege of the sciences, and the study of any of its branches cannot be actually accomplished, in a

regular manner, unless by those powerful means of observation and experiment, which penetrate the depths of organization, and unfold the mysteries of life even in the ruins of death itself. We are now crossing a phase of civilization and progression; the scientific movement, which to-day is manifested in all countries, is incontestably superior to that of all preceding epochs. We have the happiness of living under a rule which guarantees to science the free exercise of its rights, without the tyranny of absurd laws, or those fanatical conceits of exquisite sensibility which force the sage physiologists of England to leave their own country, in order to be able freely to proceed in their experimental studies by vivisections, and free from the persecutions of a senseless law and the continual prosecutions of protectoral societies against the so-called 'scientific torture of animals.' Never let us recall to life the times of the ancient Romans, those cultivated and compassionate spirits, who devoted their piteous horror to the infamous study of anatomy, but delighted themselves, within their vast amphitheatres, with the spectacle of Christians torn to pieces by savage beasts, or burning in flames which consumed their pitch-besmeared bodies.

"A short time ago the Minister of the Empire, with that enlightened spirit and profound talent which he has manifested in the brilliant reforms so masterly projected in his programme, used, in relation to the Faculties of Brazil, the following memorable words:—'The instruction in our Faculties is characteristically superficial, *atechnical*; it is absorbed, and it is lost, in theories; it does not tend to awaken, in either the professoriate or their alumni, the spirit of investigation; it recommends to special careers, intelligences unprepared for specialties, and inundates the practical professions with individuals without real initiation into the arts and the applied sciences. It is therefore an urgent necessity to remodel the programmes, to infuse into the courses a truly scientific vitality, to excite in the process of instruction a creative enquiry, arousing throughout, by the side of vigorous practice, the continual exercise of methodical observation, the untiring use of experimental processes, the instruction of facts, of causes, of laws, of relations, and of the mode of execution in our laboratories, our clinics, our offices, our observatories, amphitheatres, museums, galleries of instruments and academic expositions. It is imperative that our Faculties should produce men capable of assimilating science, contributing to its progress, showing clearly its adaptation to the improvement of the conditions of our destiny, and opening to our country a new era of fruitful, reconstructive, independent labour."

It is practical instruction, generalized into all its classes, perfected in all its branches, developed in all superior studies, that gives to nations that

herculean force which rendered Germany an unsailable colossus against a nation which had been reputed the first military power in the world. It is science that protects life, organizes the means of defence and reparation, and multiplies into prodigies of activity and movement the physical forces which are latent in nature. It is from the laboratories, in which observation and experiment have been exercised, with the powerful aid of the innumerable instruments of precision which science now has at her disposal, that have arisen the greater number of those marvellous inventions which have enriched the arts and industries, and have rendered states prosperous, strong and respected. And when nations lavish the best part of their substance on instruments of war, which unprofitably depresses them, is not the development of our centres of instruction, which are the foci of light, and the fountains of public glory, power and prosperity, an object worthy of some sacrifice? None of the civilized nations to-day withholds the resources necessary for the creation or development of its teaching institutions, and among these none has a greater right to the protection of the State than the institutions of medicine. Medical education now exacts a very high degree of intellectual culture. Exalting itself in the social scale by the well known importance of its conquests, modern medicine, the daughter of the fugitive and criminal mother of the time of the Romans, holds to-day seats of nobility, resides in palaces, and walks in company with royalty. Illustrious princes, as Charles Theodore of Bavaria, the able ophthalmologist and operator, studies and practises medicine, honoring with his name the noble profession which has rendered his talents illustrious. Most able physicians, as Bacelli in Italy, and Paul Bert in France, have been elevated to the eminent position of first men in the State, and have framed profound and noteworthy reforms, that mark an epoch of progress throughout their country. The deep-rooted conceits of the old aristocracy, whose glories were reflected merely in the splendour of their arms, have vanished from those most noble seats which have been won by science. Science and old nobility are now joined in honorable embrace, as that of the celebrated German surgeon, Esmarch, with an illustrious princess of his country. Scientific notables have to-day the high respect of Sovereigns, and the interests of science merit their special preferences. When the celebrated Recklinghausen was invited to take the chair of Rokitsky, in Vienna, with the inducements of the high remuneration of 10,000 florins, the Prussian government, anxious to retain the eminent professor at Strasburg, asked him what he desired in order to continue in the university, which he had rendered illustrious by his fruitful instruction. The sage microscopist only requested the erection of a pathologico-an-

tomical institute in accord with his plans. It was necessary to alter the line of the fortifications of the city in order to raise this magnificent structure, which cost the State a million (of florins ?); but the government preferred this expenditure to the loss of its notable professor. What men have more brilliantly personified the scientific evolution of a country than Virchow in Germany, Botkin in Russia, Bacelli in Italy, and Bert in France, who have raised themselves to the prominent positions of prime politicians, moving with supreme distinction and unsurpassable vigor in their college chairs, in the tribune, and in the furtherance of those vast interests which are embraced in the real progress of a nation? Hippocrates, the Socrates of medicine, abandoning the merely speculative theories and vain hypotheses of the Greek schools, succeeded in placing the bases of science in positive data and observed facts. Galen, the man of the scalpel, the boldest experimenter—as Malgaigne has well named him—the laborious and untiring commentator of Hippocrates, although influenced by the dogmatism of the philosophy of Plato, proclaimed positive observation as the basis of all medical systems. In all the ages that followed, the experimental method was ever gaining ground, as the most reliable guide of medicine, in the investigation of the complicated phenomena of life. Harvey, the great reformer of physiology, who built up the true theory of the circulation, the basis of all modern scientific medicine, was the imponent example pointed to by the celebrated philosopher Descartes, in his famous discourse on the “Method of reasoning and of investigating truth in the sciences.” It was after repeated and confirmed demonstrations, during nine years, that the illustrious English physiologist raised, in 1628, his monumental work, which was outlined in his book *De Motu Sanguinis*. John Hunter, dissatisfied with the results of human and comparative anatomy, elevated it to the interrogation of the living in the creation of experimental surgery, that prolific instrument of verification and progress. One of the loftiest spirits of this century, the eminent Professor Billroth, has said, ‘I belong to the number of those who do not concede that there is any distinction of real value between the study of a natural phenomenon and its laws, and the study of the human body in a state of disease. There is, in my opinion, but one method of investigating nature and her laws, as also the physiological and morbid conditions of the animal or the human body. The task of the clinic is to employ this method at the bedside of the patient. The art of curing is the consequence, the final result of observation.’

“You are aware of the exceeding services which have been afforded to medicine by the microscope, that most potent instrument of study, equally indispensable to the physician and the naturalist. It

is to it that we owe the exact knowledge of the causes of many diseases, whose producing agents belong to the number of animal and vegetable parasites—the algæ and microscopic organisms—epiphytes and entophytes, ectozoaria and entozozoa, which are now known and described in pathological histology within contestable exactitude. Recent admirable labors on the etiology of tuberculosis, malaria, lepra, chyluria, and hypæmia, further attest the immense value of its services, and we draw some glory from having had some of these studies made in Bahia, which has been a very memorable phase in our history. We require not to demonstrate the importance of microscopic research in the study of embryology and physiology, and the advantages of microscopic diagnosis on clinical study; but it is, above all, in the study of hygiene and of legal medicine, that the microscope has afforded incalculable services, which States recognize as a most valuable guarantee to public health and justice. In countries most advanced, the sanitary police, with its thousands of agents, make microscopic examination of aliments, thus preventing many poisonous consequences and the transmission of diseases, as trichinosis, tuberculosis, carbuncle, and many other parasitic affections, whose causes histology has clearly demonstrated. In the microscopic study of the soil and the air, as well as of aliments, innumerable causes of disease have been discovered, and in pathology no other means has afforded more valuable contributions to the study of the mechanism of morbid processes.”

CAUSES OF CONSUMPTION.

With the view of obtaining information concerning the etiology of tubercular pulmonary phthisis, Dr. Playter of this city issued a series of questions to a large number of physicians in Canada and the United States. The questions related to the age, sex, temperament, occupation, general structure, habits, and ancestry of the patients. About 250 physicians replied, citing cases in practice, and the Dr. has prepared from these cases a concise report, which is before us, containing some valuable, practical information, and from which we gather the following:—The average age of the patients was 27 years; 46 per cent. were males, and 54 per cent. females: only 28 per cent. were married. The circumference of the chest was in every case much below the average of vigorous persons of the same height, being only 31 ½ inches; the average height being 5 feet 5 ½ inches. About 55 per cent. had light blue eyes and light hair, and the nervous temperament largely prevailed. Two-

thirds of the patients had been engaged in indoor, sedentary occupations, and spent but little time in the open air. Much the greater part of them had slept in small unventilated bedrooms, two in a bed; had not usually worn flannel next the skin, nor used habitually any form of bath. The general habits of nearly all had been good, and but very few had used alcoholic spirits to excess.

In the deductions drawn, it is stated that the “analysis of cases agrees with what statistics in Ontario and most other countries have taught us, viz., that consumption is much more fatal in the third decenniad of life,—between the ages of 20 and 30 years, than in any other decennial period—when the period of light-hearted, irresponsible youth has passed away, and the stern realities and responsibilities of life have to be faced and assumed; and, also, that more females than males die of the disease.” We had not before observed any statistics showing that much the larger proportion of those who die of consumption are unmarried. Of the cases herein reported, nearly three-fourths had not entered the married state. Though celibacy in these cases may have had but little connection with cause and effect, it is not improbable, the Dr. argues, that marriage, in certain conditions and certain stages of the disease, is unfavorable to the development of consumption. It appears from the report that any special influence or matter of a direct or specific hereditary character, as a factor in the causation of consumption in adults, or even in youths, is not of such constancy and importance as has been commonly supposed. In only a little more than one-half (53 per cent.) had any relatives been known to have died of the disease; and in not much more than one-third (36 per cent.) had any ancestors—parents or grandparents—from whom alone it could have been inherited, died of it. More than this in favor of heredity, as Dr. Playter states, could doubtless be said of scarlet fever and measles. But, in so far as configuration and structure of the body, and the relative size and vigor of different organs to each other are influenced by parentage, hereditary influence becomes a very important causative factor. Indeed about all that is inherited, he thinks, is want of general stamina from defective construction.

One of the most marked features, and perhaps the most important one, brought out in the analy-

sis of the cases, is the evidence that those who die of the disease under consideration have a small pulmonary capacity—a small, contracted chest. This is shown not only in the average of the cases, but in every case; in not one did the circumference of the chest even approximate that of a well developed individual of the same height and weight. According to the best authorities the circumference of the chest around or on a level with the nipples should be, for good development, equal to one-half the height, plus one-fifteenth the height, of the individual. The circumference of the chest, therefore, of one whose stature is 5 feet $5\frac{1}{2}$ inches—the average height of the cases above reported upon—should be, according to that, at least 37 inches; whereas the average circumference of the chest in these cases was only $31\frac{1}{2}$ inches, or only about five-sixths of that demanded by health and good natural development. In about half the cases the chest was flat as well as small in circumference. While persons with small lungs had long been looked upon with suspicion and regarded as being predisposed to pulmonary phthisis, we had not seen any statistics showing so conclusively that consumptives have so universally small a respiratory capacity.

In nearly all the cases the patients had been small or moderate eaters and had used but little oleaginous food except butter; they could not, it would appear, consume enough oxygen to utilize the digested products of a full diet, especially that containing much carbonaceous matter. Dr. Playter very properly suggests that this point should be taken into consideration before prescribing a highly carbonaceous diet, and may indicate why so many of this class will not readily tolerate cod liver oil and kindred remedies. But few suffered from indigestion; they could readily digest all the system could utilize with its small respiratory capacity.

The average weight of the cases reported was only $133\frac{1}{2}$ pounds, while an individual 5 feet $5\frac{1}{2}$ inches in height should weigh at least 140 pounds. Another marked feature in the analysis of the cases is, that nearly three-fourths of the patients had resided in a locality favoring a humid, cool atmosphere, confirming the results of the investigations many years ago of Drs. Buchanan and Bowditch, that dampness of soil, in a large measure if not wholly by giving rise to dampness of atmosphere, favored the development of consumption.

MEDICAL BANQUETS.

The annually recurring medical banquet has now come to be an established institution in nearly all the medical colleges in Canada, and is looked forward to with much interest and pleasure, by both students and professors. The custom is a good one, as it affords the faculty and students and a few friends an opportunity of spending a social evening together. The invited guests are nearly all representative men, and they have each, or nearly all, an opportunity of addressing a few words to the students; an opportunity is also afforded for the expression of different views upon matters affecting the interest of the profession. The arrangements for the dinner, the issuing of invitations, receiving the guests, and arranging their seats at the table are all under the management of the students, and reflect no small credit upon the manner in which the several duties are performed, and their capabilities to entertain their friends in a royal manner. Glee-Clubs are formed in each of the schools, and the proceedings of the evening are enlivened by songs, and also by the presence of a Band of music. One commendable feature of these banquets is that they are carried out on strictly temperance principles.

The Sixth annual banquet of Trinity Medical College, was held in the Rossin House on the 8th ult., and was successful in the highest degree. A large number of distinguished guests were present, besides many graduates and undergraduates of the College. Mr. F. W. Dickson, a fourth year student presided. After ample justice had been done to the good things provided, the Chairman delivered an address in which he spoke of the importance of the medical profession and the necessity for a thorough training in medicine. The doctor, he said, ushered the human being into existence, stood by him through life, and not unfrequently helped him out. He eulogized Trinity Medical College as a place where the embryo *medicus* might be fully developed, and from which he might go forth into the world a full-fledged and reliable practitioner. During the last few years Trinity has become famous as a medical training school, and to-day stands second to none on the continent, the list of students ever increasing, this year, exceeding all heretofore,—from the Maritime Provinces and Prince Edward Island in the east, Jamaica in the south, and from many of the Western States, as far as

Oregon. Letters of regret were read from several those unable to attend, among others, one from the Dean of McGill medical college, tendering cordial greetings and best wishes for Trinity college which was enthusiastically received. The usual loyal and patriotic toasts were proposed and heartily responded to. Other toasts followed in rapid succession. The "Army, Navy and Volunteers" was responded to by Captain Drayton; "Dominion and Provincial Legislatures," responded to by Dr. Beaty, M. P., Hon. G. W. Allan, and Mr. Mulock, M. P.; "Mayor and Corporation," responded to by the Mayor; "The Press," responded to by Drs. Cameron and Fulton, and Mr. Pirie; "Universities with which we are affiliated and sister institutions," responded to by Hon. G. W. Allan, Mr. Mulock, Principal Caven, Principal Castle, and Mr. Buchanan. "The College of Physicians and Surgeons of Ontario," responded to by Dr. Canniff. "The Learned Professions," responded to by Mr. Goldwin Smith. Then followed the toast of the evening, "Trinity Medical College, and Graduates and Undergraduates," which was received with great applause.

Dr. Geikie, Dean of the Faculty, in responding said, amongst other things, that the regular and steady growth of the school was very satisfactory to the faculty, and to its friends everywhere. He gave the following figures:—In 1874-5, the class numbered 76; in 1877-8, the class numbered 128; in 1880-1, the class numbered 136; in 1881-2, the class numbered 168; in 1882-3, (the present year) the class numbered 188. He said the faculty had greatly improved the equipments of the school, furnishing it with every modern appliance, to promote practical instruction in the various branches. He emphasized very strongly the benefits being derived from the teaching of practical medicine and surgery at the hospital, clinical instruction being given every day in medicine and surgery in connection with the outdoor and indoor patients at that institution. He spoke of the arrangements and management of the Hospital as reflecting the greatest credit upon all concerned; and that to the Board of Trustees and the resident medical officer, Dr. O'Reilly, the students and the whole public owe a very great debt of gratitude. The doctor finished his speech by contrasting the advantages enjoyed now by students studying in Toronto, which are not exceeded, if equalled, throughout the Domin-

ion, with the state of things prevailing twenty-five or thirty years back. The toast was also responded to by Dr. G. O'Reilly, Mr. Casgrain, Mr. Freeman, and Mr. Lang.

The concluding toasts were "Toronto General Hospital," responded to by Dr. G. O'Reilly, "The Ladies," responded to by Dr. Teskey, and a very pleasant evening's entertainment was brought to a close.

The Ninth annual dinner of the Toronto School of Medicine was celebrated in the Pavillion of the Horticultural Gardens on the 14th ult. A new departure was inaugurated by the admission of ladies in the galleries to witness the proceedings, and if one might judge from the numbers present and the cordial interest they seemed to take in the proceedings the innovation must be considered a success. Whether, as the morning papers stated, that interest was mingled with a tinge of jealousy, at the more favored position of the sterner sex in the arena, in having all the good things to themselves is not known, but certainly the wish given expression to by one or two of the speakers, that next year the annual gathering should take the form of a *conversazione*, must have engendered a responsive feeling in the minds of their fair hearers. The hall was profusely and artistically decorated with flags, and the band of the Queen's Own enlivened the proceedings with choice selections. There were a large number of guests and friends of the school present, yet the hall seemed sparsely filled, as its large size was somewhat out of proportion to the numbers present. The chair was occupied by Mr. H. S. Clerk. After the *Dinner* the Chairman delivered an address, in which he thanked his fellow students for placing him in the position he occupied, and also welcomed the guests who had honored them with their presence. He alluded to the change which he hoped met with their approval in beholding the beautiful countenances and bright eyes of the fair ones looking down upon them. The Ladies of Toronto were no strangers to the medical students; they frequently met at the Hospital and other places on their mutual errands of mercy. He also emphatically resented the indignities heaped upon the medical students, and counselled greater forbearance. In conclusion he expressed a hope that on some future occasion a *conversazione* would supplant the annual dinner so that the ladies could the better enjoy themselves. After

the toasts of "the Queen" and "the Governor-General and Lieutenant-Governors," the Chairman proposed "the Dominion Parliament and Parliament of Ontario," which was responded to by Mr. W. Mulock, M. P.

Mr. Stewart, vice-chairman, then proposed "Universities, Colleges, and Sister Institutions." He coupled with the toast the names of Chancellor Blake, Rev. Dr. Dewart, Prof. McVicar, Principal Caven, Dr. Fulton, and Mr. Davidson, all of whom responded in appropriate terms.

The other toasts were:—"The Sister Professions," responded to by Rev. Mr. Pearson, Principal Buchan and D. Beaty, M.P.; "Our Faculty," responded to by Drs. Aikins and Richardson; "Graduates and Graduating Class," responded to by Dr. McLaughlin, M.P.P., and others; "The Toronto General Hospital," responded to by Dr. O'Reilly; "The Freshmen" and "The Ladies," completed the list of toasts, and the company dispersed after having spent a very enjoyable evening.

AARON H. DAVID, M.D., L.R.C.S., E.,
D.C.I.

The subject of the following notice was one of the oldest and most esteemed medical practitioners in Montreal. Dr. David was born in 1812, a native of Montreal, and commenced his medical studies in McGill College; he finished his course in the University of Edinburgh, graduating in honors. Returning to Canada, he practiced for a few years in Three Rivers, Que., and returned to Montreal in 1844, where he has resided since, and has been an active, zealous member of the profession. In 1852 he, with others, started the old St. Lawrence School of Medicine, and the same year, assisted by the late Dr. R. L. McDonnell, founded the *Canada Medical Journal*, both of which were soon discontinued. In 1870, with the late Dr. Smallwood, and others, he established the Medical Faculty of Bishop's College, of which he was Dean and Prof. of Practice of Medicine until ill-health compelled him to resign. Dr. David was also long and favorably known as the General Secretary of the Canada Medical Association, and ever took a warm interest in its success. His geniality and amiable character made him a general

favorite. He was for many years surgeon of the 5th Fusiliers, and served with them during the Fenian raid. He was also up to the time of his death, a Governor of the College of Physicians and Surgeons of Quebec; President of the Natural History College of Montreal; Corresponding Member of the Literary and Historical Society of Quebec; Extraordinary Member of the Royal Medical Society of Edinburgh; Member of the British Association for the Advancement of Science, etc. Dr. David's loss leaves a blank which will not soon be filled. He was greatly respected by young and old, both within and without the profession, and many of his warm friends will be pained to hear of his death. He was a most able and conscientious practitioner; a man of strict integrity of character, gentlemanly instincts, and a high sense of honor. He suffered for upwards of two years from cancer of the rectum, and bore his painful illness with great Christian fortitude and resignation, and even retained a degree of cheerfulness which was surprising to his friends. His family has our heartfelt sympathy, and the sympathy of all who knew the deceased.

JOHN R. DICKSON, M.D., F.R.C.S., EDIN., &c.

We regret to announce the death of Dr. Dickson, of Kingston, at the comparatively early age of sixty-three years. He had been suffering from paralysis for some time past, and although his death was soon to be anticipated, it was unexpectedly sudden in the end. He came to Canada in 1837, and settled in Peterboro, where he practised for several years, but finding the work too laborious, he removed to Kingston. In 1854, he, along with others, established a medical school in connection with the University of Queen's College, and was appointed professor of surgery in the new school. This school subsequently became incorporated as the Royal College of Physicians and Surgeons in 1866. Dr. Dickson was the possessor of a number of medical degrees and diplomas, and held several very important appointments. He received the degree of M.D. in the University of New York in 1842, and M.D. in the University of Queen's College in 1863. He was also a member of the Royal College of Surgeons, Eng., member of the Royal College of Physicians, London, and Fellow of the Royal College of Surgeons,

Edin. In 1874 he was appointed surgeon to the Provincial Penitentiary, and was medical superintendent of the Rockwood asylum for insane from 1874 to 1879. He was a prominent member of the Ontario Medical Council during the first three years of its existence, from 1866-69, and was elected president for the first year. Ill health compelled him several years ago to resign all public appointments, and also to discontinue his practice. He was a man of sterling character, indomitable will, great energy and perseverance, and has left his impress upon everything he undertook. He was greatly respected by all who knew him, and his loss will be much felt by his family and friends. One of his sons is practising medicine at Wolfe Island, Kingston.

VITAL STATISTICS.—From present indications there seems every prospect that the Dominion government is about to concede the request of the medical profession as expressed by the Canada Medical Association. The report of the special committee on Sanitation and Vital Statistics presented by the chairman, Dr. Canniff, and adopted by the association, was to the following effect :

1. That for the present the sanitary statistics shall be confined to the cities and larger towns of the Dominion, such to be published monthly, and the deductions therefrom to be circulated in the various centres specified. 2. That for the future guidance in sanitary matters a commission should be appointed by the Dominion Government, in order, in consultation and co-operation with the various Local Governments, to arrive at some common basis of action in carrying out such sanitary measures as may be necessary for the guidance of the Dominion Government. 3. That such commission shall consist of at least two or more medical men with a legal adviser, whose duty it shall be to examine carefully into the various requirements of such action in sanitary matters. ■

We observe from the daily press that arrangements have been, or are being made, to hold a convention at Ottawa in relation to State Hygiene. We presume that this action is in accordance with the spirit of the preceding resolutions. As the Dominion Government has declared its desire to accede, as far as may seem practicable, to the earnestly expressed request of the profession,

actuated by a feeling not seemingly in its own interest, we presume that the movement is being carried out in harmony with the opinion of the committee to whom was intrusted this most important national work.

DEATH FROM CHLOROFORM.—Another of those sad occurrences which are occasionally to be expected when powerful remedies are used to produce insensibility to pain, took place in Quebec. The patient was a boy, ten years of age, about to have a tooth extracted. The anæsthetic was administered by Dr. Russel, jr., with every possible care. On the first indication of alarming symptoms, the Dr. immediately discontinued the inhalation and commenced artificial respiration. In this case life was maintained for about two hours after the discontinuance of the chloroform, the patient seeming to die of gradual paralysis of the nerves of respiration and circulation.

THE ONTARIO MEDICAL REGISTER.—The new edition of the *Ontario Medical Register* has just been issued from the press. It is a great improvement upon previous editions, and we congratulate Dr. Pyne upon its very creditable appearance. Besides the names of the members of the College, 1700 in number, it contains the "Ontario Medical Act," rules and regulations of the Council, the boundaries of the twelve territorial divisions, and remarks on the penal clauses of the Act for the guidance of members. There is one practitioner to every 1125 inhabitants in Ontario.

HOME FOR LITTLE BOYS.—We take pleasure in calling attention to the establishment of a home for little boys by the family of a deceased physician—the Misses Cole, of Clinton, Ont. The home will be especially suitable for widowers' sons and those whose parents are much away from home, or unable through illness to take charge of them. For terms, etc., see advertisement.

TRINITY UNIVERSITY CONVOCATION.—The annual Convocation of Trinity College was held on the 16th ult. The following gentlemen received degrees in medicine :—

M.B.—Alexander Cameron, Walter Henry Day.

M.D.C.M.—W. T. Stuart, C. Sheard, L. Teskey, Edward S. Wilson, James W. L. Hunter, Arthur D. Smith, Reginald W. Belt.

C.M.—W. H. Macdonald, R. H. Barkwell.

M.D.—W. M. Brett, Archibald C. Gaviller, Philip J. Strathy, Frederick D. Canfield.

The Professors of the Faculty of Trinity Medical College were admitted *ad eundem gradum*.

PERSONALS.—Dr. J. R. Clark, of Trinity Medical College, who has been absent in Europe for several years, has commenced practice in Cobourg. He has taken the double qualification of L.R.C.P. & S., Edin.

Dr. H. E. Heyd, of Brantford, and Dr. K. McKenzie, of Richmond, Que., have recently returned from Europe, where they have been pursuing their professional studies for some time past. Dr. R. Bentley, of Kettleby, has also returned after a long absence.

Dr. Shupe, formerly of Stevensville, has removed to Port Elgin, Ont.

A SAD CALAMITY.—No greater calamity could befall any one than that which recently occurred to Dr. E. C. Seguin, the noted neurologist, of New York. His wife, in a fit of temporary insanity, shot all her little children—three in number—and afterwards herself. Mrs. Seguin is said to have been of an amiable disposition, kind and devoted to her husband, and showed no signs of insanity except occasional attacks of melancholia. Her husband had made arrangements for her to accompany him on a pleasure trip on the following day, but on coming home in the evening found himself suddenly deprived of his entire family.

APPOINTMENTS.—Mr. John Galbraith, Prof. of Engineering in the School of Practical Science, has been appointed a member of the Ontario Board of Health.—Dr. J. M. Lefevre, of Brockville, has been appointed surgeon in one of the eastern sections of the Canada Pacific Railway.—Dr. G. R. J. Crawford, of Canterbury Station, N.B., has been appointed House Surgeon to the St. John General Hospital.—Mr. H. R. Casgrain, of Trinity Medical College, has been appointed Assistant to the resident staff of the Toronto General Hospital.

NEW YORK MEDICAL JOURNAL.—After the 1st of January, 1883, the *New York Medical Journal* will appear as a weekly instead of a monthly as formerly. We wish the *Journal* success in the new departure.

L.R.C.P., EDIN.—A. D. Nasmith, M.D., of Toronto, has successfully passed the examination for the double qualification of L.R.C.P., Edin., and L.F.P. & S., Glasgow.

We regret to learn that Sir Thos. Watson, author of Watson's Practice of Medicine, who is now in his ninety-first year, is so seriously ill that his life is despaired of.

Dr. E. B. Sparham, who was sentenced a few years ago to imprisonment for life, has been pardoned by the Minister of Justice.

The death of Dr. Henry Draper, of the Medical Department of the University of New York, at the early age of 45 years, is announced.

CORONER.—Dr. J. P. Rankin, of Tavistock, Ont., has been appointed coroner for the Counties of Oxford and Perth.

The death of George Critchett, F.R.C.S., Eng., the celebrated oculist, at the age of 60 years, is announced in our British exchanges.

Dr. J. F. W. Howitt, of Toronto, has successfully passed his primary examination before the Royal College of Surgeons, England.

Births, Marriages and Deaths.

In Toronto, on the 14th ult., G. S. Ryerson, M.D., L.R.C.P. & S., Edin., Oculist and Aurist, Toronto, to Mary Amelia, second daughter of Jas. Crowther, Esq.

On the 15th ult., Hon. Dr. Duncan Campbell, of Port Hood, N.S., member of the N.S. Government, in the 38th year of his age.

On the 7th of October, Dr. John Fraser, of Font Hill, in the 76th year of his age.

In Hamilton, Ont., on the 1st ult., Dr. Edw. Henwood, aged 67 years.

In Brantford, Ont., on the 24th ult., Dr. W. H. Bacon, in the 60th year of his age.

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 Med. prop.—Diuretic, Stimulant.
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 TART.....1-100 gr.
 Med. prop.—Expectorant, Alterative.
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 Med. prop.—Narcotic, Stimulant, Diaphoretic.
- ARSENICI IODIDI.....1-100 gr.
 Med. prop.—Alterative.
- BELLADONNÆ FOL.....1-20 gr.
 Med. prop.—Stimulant, Diaphoretic, Diuretic.
- CALOMEL.....1-20 gr.
 Med. prop.—Alterative, Purgative.
- CAMPHORÆ1-20 gr.
 Med. prop.—Diaphoretic, Carminative.
- CANTHARIDIS.1-50 gr.
 Med. prop.—Diuretic, Stimulant.
- CAPSICI.....1-20 gr.
 Med. prop.—Stimulant, Carminative.
- CATHART. CO. OFFICIN.....1-3 gr.
 Med. prop.—Cathartic.
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 Med. prop.—Cathartic.
- DIGITALIS FOL1-20 gr.
 Med. prop.—Sedative, Narcotic, Diuretic.
- DOVER'S POWDER.....1-3 gr.
 Med. prop.—Anodyne, Soporific.
- ERGOTINÆ.....1-10 gr.
 Med. prop.—Emmenagogue, Parturient.
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 Med. prop.—Tonic.
- GELSEMINI RAD.....1-50 gr.
 Med. prop.—Nervous and Arterial Sedative.
- HYDRARG. BI-CHLOR....1-100 gr.
 Med. prop.—Mercurial, Alterative.
- HYDRARG. CUM CRETA....1-10 gr.
 Med. prop.—Alterative.
- HYDRARG. IODID.....1 20 gr.
 Med. prop.—Alterative.
- HYDRASTIN.....1-20 gr.
 Med. prop.—Tonic, Astringent.
- IODIFORMI.....1-10 gr.
 Med. prop.—Alterative.
- IPECAC1-50 gr.
 Med. prop.—Emetic, Expectorant.
- MORPHIÆ SULPH..... 1-50 gr.
 Med. prop.—Narcotic, Sedative.
- NUCIS VOMICÆ.....1-50 gr.
 Med. prop.—Tonic, Stimulant.
- OPII.....1-40 gr.
 Med. prop.—Narcotic, Sedative, Anodyne.
- PHOSPHORUS.....1-200 gr.
 Med. prop.—Nerve Stimulant.
- PIPERINÆ.....1-20 gr.
 Med. prop.—Tonic, Antiperiodic, Carminative.
- PODOPHYLLINI.....1-40 gr.
 Med. prop.—Cathartic, Cholagogue.
- POTASS. BROMIDI.....1-5 gr.
 Med. prop.—Alterative, Resolvent.
- POTASS. ARSENITIS.....1-100 gr.
 Med. prop.—Alterative.
- POTASS. NITRATIS.....1-10 gr.
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I have no doubt that every practitioner who will use these "Parvules" will find the same results which convinced me of their importance and convenience. I have no other medicine chest in my daily rounds, than my pocket case of Parvules."

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ALOIN, Parv..... I-10 gr.

Med. prop.—A most desirable cathartic.

Dose.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most desirable aperient and cathartic preparation in use. For habitual constipation, they replace when taken in doses of a single parvule, the various medicated waters, without the quantity which they require as a dose, which fills the stomach and deranges the digestive organs.

CALOMEL, Parv..... I-20 gr.

Med. prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PODOPHYLLINI, Parv..... I-40 gr.

Med. prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

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Messrs. **SCOTT & BOWNE** :

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I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.

I have the honor to be, yours truly,

T. J. O. EARLE, M.D.

St. John, N.B.

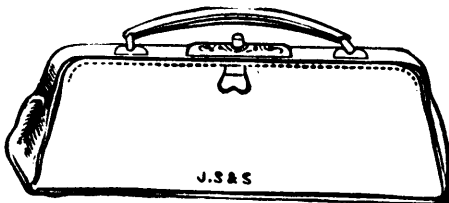
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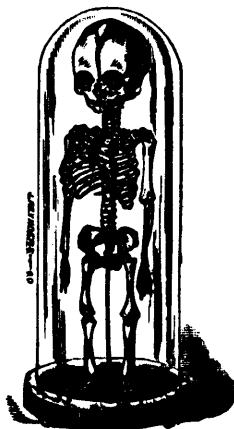
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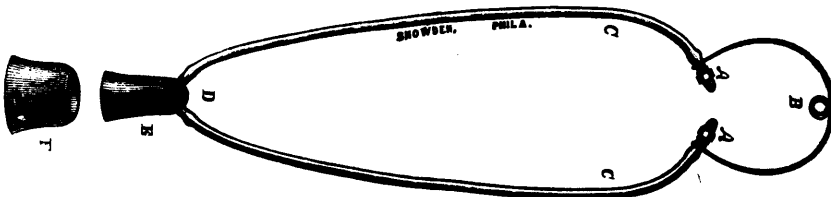
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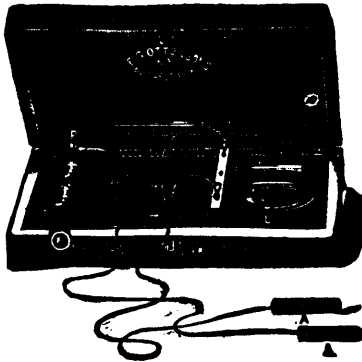
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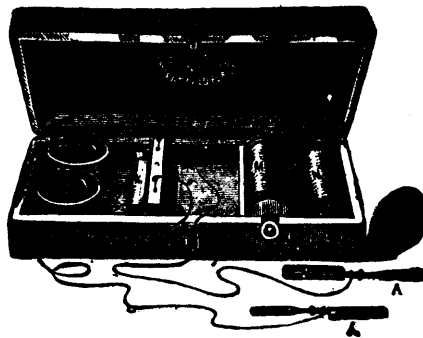
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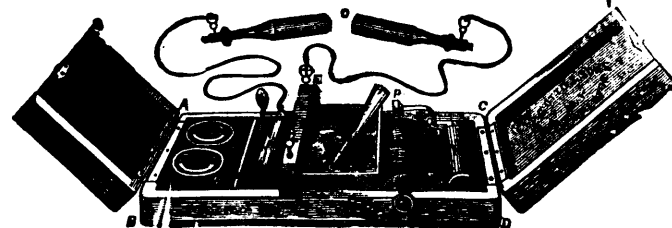


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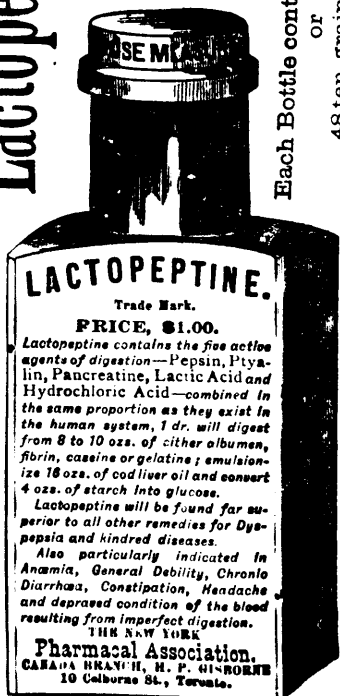
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Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on the large scale, to take samples of its ingredients from large bulks, and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredient, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy Digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE :

| | | | |
|--------------------|------------|-------------------------------|----------------|
| Sugar of Milk..... | 40 ounces. | Veg. Ptyalin or Diastase..... | 4 drachms. |
| Pepsin..... | 8 ounces. | Lactic Acid..... | 5 fl. drachms. |
| Pancreatic..... | 6 ounces. | Hydrochloric Acid..... | 5 fl. drachms. |

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE recommend it to the profession.

ALFRED F. A. KING, M.D., Washington, D. C.
Prof. of Obstetrics, University of Vermont.

D. W. YANDELL, M.D., *Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.*

L. P. YANDELL, M.D., *Prof. of Clin. Med., Diseases of Children, and Dermatology, University of Louisville, Ky.*

ROBT. BATTEY, M.D., Rome, Ga., *Emeritus Prof. of Obstetrics, Atlanta Med. College, Ex-Pres. Med. Association of Ga.*

CLAUDE H. MASTIN, M.D., LL.D., Mobile, Ala.

PROF. H. C. BARTLETT, Ph.D., F.C.S., London, England.

ALFRED L. LOOMIS, M.D., *Prof. of Pathology and Practice of Med., University of the city of New York.*

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PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.C.S., London, Eng.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page Pamphlet, which will be sent on application.

MANUFACTURED BY THE N. Y. PHARMACAL ASSOCIATION, NEW YORK.

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GELATUM VASELINE PETROLEI

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SILVER MEDAL at the Paris Exposition, 1878.
MEDAL OF PROGRESS by the American Institute, 1880.

The attention of physicians, druggists and hospitals, is called to this article, and to the fact that it is favourably regarded and extensively used in the United States, on the continent and in England, by the profession and pharmacists as a base for

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In the treatment of COUGHS, COLDS, CROUP, DIPHTHERIA, and of THROAT and CHEST complaints. the best results are obtained.

One Pound Cans, 60cts. Five Pound Cans, \$1.50.

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"Vaseline is the best pharmaceutical preparation in the making of Ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procured the 'Vaseline' myself, and have experimented with it for four months on over one thousand patients, and I must declare that the knowledge acquired by practice has surpassed my expectations by far. * * * I have also prepared large quantities of eye ointments with 'Vaseline,' and have employed them on numerous maladies with very great success, and I can affirm that 'Vaseline' is very precious in ocular therapeutics, and must replace all the ointments in use at the present time.

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Ung.: Hydrargyri: Nitratis (Citrine Ointment) Cerat.: Resinæ.
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We recommend them as vastly superior to anything in use. PRICE 75 CTS. PER POUND. NO CHARGE FOR JARS. Send for Pamphlet.

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