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TREATMENT OF CONSUMPTION.

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BY C. B. HALL, M.D., TORONTO.

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Dr. Atkinson, some years ago, suggested a course of treatment for retaining what he called a higher vital force, the loss of which allows the two rapid oxidation of tissue, and endeavored to show that tubercular deposits may, from these causes, be regarded as the consequence of an irregular metamorphosis of tissues, and that these may be retarded, if not prevented, by the substitution of various forms of carbonized material, and that the only class of medicinal agents which may be considered decidedly prophylactic are those which sustain vital tenacity in opposition to the chemical effects of oxygen, and of these he places whiskey as most prominent.

I will also quote the opinions of Drs. Calton and Ancill, in their recently published works, which go far to substantiate the fact of Alcohol being one of the safeguards from tuberculosis;—the former says, "Before tubercle is deposited, that wine or beer in moderate quantity should be included in the diet list, and I have seen conscientious scruples on this matter overcome on many occasions, with marked advantage." The latter says—

"Facts are not wanting which tend to establish that the tuberculous constitution where there is no local disease, is benefitted by the moderate use of these fluids, and that the principle is sanctioned by theory, but then the stimulus must be moderate, uniform, constant, and accompanied by a generous diet containing a proper proportion of the staminal principles and essential elements of food." Dr. Peters also remarks that alcohol would seem to produce a state of blood opposite to that which obtains in this disease, and may thus prevent the development of it, and that the excessive use of alcohol does not destroy life by producing tuberculosis, but rather by producing other diseases, as those of the nervous system and of the liver.

Dr. Hastings and others tried the effects of fluoric acid, giving the forty-eighth part of a drop three times a day, and with most marked success, even in cases where suppuration and ulceration had commenced.

They all extol the direct action of this and oxalic acid, in half-grain doses, as more efficacious than naphtha or cod-liver oil in the most confirmed cases, but the chief good to be derived from either of the above is in the case of incipient phthisis, or still more in those suspected cases where hereditary tendency is associated with anæmia and the other symptoms of approaching disease. Carbonic acid is of the same type. The neighborhood of marshes and swampy land abounding with exhalations of carbonic acid was once considered a safe retreat for the consumptive invalid, as it was well known that ague and consumption are not found in the same locality. The sea-side was formerly resorted to as a place of safety, but without any good, as the saline atmosphere was more to be dreaded than the advantage gained by the carbonic acid. Fruit is another of the same preventions, abounding in the same class of elements, viz., carbon, oxygen, with little or no hydrogen, and no nitrogen,—

Tartaric Acid,	$C_4 H_2 O_5$ .
Malic " "	$C_4 H_2 O_4$ .
Carbonic " "	$CO_2$ .
" Oxide,	$CO$ .
Oxalic Acid,	$C_2 O_3$ .

Making Carbonic Acid and Carbonic Oxide agree with Oxalic Acid; this is the sole medicinal benefit of Cod-liver oil. It contains  $CO_2$  and  $CO$ , equivalents of Oxalic; this is shown by giving

it in combination with lime water, (lime having a peculiar affinity for Oxalic Acid) the analysis of urine a few hours after shows crystals of oxalate of lime.

Lehmann has published numerous experiments showing the proportion that should exist between the digestive ferment, the free acid and the water, in order to convert into a proper quantity of peptone the greatest possible quantity of any nitrogenized aliment (albumen gelatin fibrin, &c). He says if the amount of water in a mixture of pepsin and dilute hydrochloric acid be increased, the mixture will be capable of converting a larger quantity of aliment into peptone, the quantity of pepsin remaining the same. The solvent power of digestive mixture may be considerably augmented by increasing the quantity of water and hydrochloric acid. When alkaline salts are added in any quantity to the gastric juice, and are not, as in the natural process of digestion, quickly removed again, the solvent power of the gastric juice is considerably diminished if not annihilated. It is probable that in the process of digestion, equivalent quantities of hydrochloric and lactic acids can replace each other. The digestive power of acetic and phosphoric acids, is far inferior to hydrochloric and lactic acids. It is but right to state here that Heintz found that lactic acid vomited from the stomach, was of the ordinary modification, as formed during the saccharine fermentation, and not that which is furnished from muscular flesh.

All the sulpho-phospho-protean compounds, albumen gelatin and fibrin are readily soluble in hydrochloric, while they are rendered solid by the action of sulphuric, phosphoric and other acids; hence hydrochloric acid, or the form in which it is usually prescribed, Tr. Muriate of Iron, or Tr. Steel, as it is sometimes called, and a still more common and familiar salt, chloride of sodium, are placed among the first preventions where there is hereditary taint or any fear of approaching disturbance. The fats constitute another most important part both in the prevention and cure.

There are two kinds of fats both in animals and vegetables, that which is enclosed in cells and that which is combined chemically with other substances.

The former is found in the loose cellular tissue and very generally diffused, the latter is present in the brain and in the fluid parts of the body. Fat may be produced by abundance of nutriment rich in fat, but mostly from that class represented by

the symbol C, H, O, such as sugar, starch, &c. The chyle contains the fat which is absorbed from the food. The reaction of chyle is alkaline, and therefore the neutral fats of the body are wholly or in great part saponified, either before they enter the blood or shortly afterwards with the exception of those fats that are not capable of being converted into a soap. No neutral fats have been found in the blood as long as it remains in a healthy condition. It contains, however, compounds of fatty acids with bases soluble in water and in the materials which serve for the production of fatty tissue. The fatty substances that are in chemical combination, existing in the brain, the liver and the kidneys, are intimately combined with albumen so as to form an emulsion with water similar to crushed almonds.

In prescribing fats or oils such as butter, cod-liver, or any other oil, the action is very different.

M Pelonze has proved that animal oils are subject at a certain elevated temperature, to a fermentation producing rancidity, "that is to say that under the influence of the azotized principles associated with all fats, the fatty matters split into their respective fatty acids and glycerine, which in their turn, undergo a further change resulting in the production of volatile fatty acids, such as of butter into butyric acid.

This is easily shown by combining purely fresh butter with bi-carbonate of soda, placing the mixture at the temperature of the blood, when in a few hours effervescence will be produced showing the escape of carbonic acid. Hence the only proper medicinal effect of cod-liver oil, butter, or any of the fats, is obtained by giving them in combination with some of the alkaline salts; the former with Hydrochlorate of Ammonia and alcohol. Butter makes an easy mixture with yolk of egg, soda bi-carb., syrup and distilled water. In these cases the alkaline action is effected on the mucous surface with which it first comes in contact, which as we have seen, is inclined to excess of acidulous action, and the oil or fat produces its effect after the fermentation commences, and this assists in the decomposition or decay of the tuberculous deposit, making it subject to the action of other medicines through the absorbents. Usual form of prescribing:—

R—Butyrii,	oz. ij. drs. vj.
Vitell ovi,	No. j.
Pepsine,	drs. ij.
Soda bi-carb.,	drs. iv.
“ phosphat.,	drs. iv.
Theriacæ (molasses),	oz. iij.
Aq. flora aurant,	oz. i.
Syr. tolu,	oz. iv.
Aq. destill,	ad. oj.—M.

Take a table-spoonful three times a-day.

A few days ago I saw a cure reported in one of our dailies, stated to have been very successful in France. This consists of a preparation of meat, reduced to a pulp and combined with sugar, and given in company with a moderate glass of alcohol. In the Hospital for Consumption in London, pounded meat has been used for several years: that is, lean meat divested of cellulose, or meat free from the only objectionable element—hydrogen. Meat is  $C_{24}N_{13}O_{20}$ , cellulose  $C_{24}H_{20}O_{11}$ . A few years ago, M. DeLamare presented a paper to the Academy of Science in Paris, where he states that he has obtained the cure of perfect phthisis, even when vomica were present, by the internal administration of Helicine or muciage of snails. The author thinks that this very old remedy had fallen into disrepute, owing to the faulty manner in which it used to be administered, and the small doses employed. He therefore instituted numerous experiments, which are described in his paper, and concludes that broth or syrup made with the Helicine is powerless, but that the substance should be highly concentrated and given in large doses, presenting but a small bulk.

The hypophosphites have been highly extolled by Dr. Churchill and others, but Professor Quain, after a most thorough trial, declared them useless, other than their alkaline re-action.

Mulder has shown that the blood of carnivorous and corn-fed animals contains a larger proportion of phosphorus than simply grass-feeding, and thus we see the legitimate supply of phosphorus and an additional benefit from the pounded beef alluded to.

It has often been remarked, as a wonderful circumstance, that the British army, during their greatest fighting days, were fed on beef and wheaton bread, which chemistry has more

recently shown to contain the proportionate elements of their mothers' milk, and more reverently be the allusion to the nourishment of that Prophet—than whom none was greater—as well as the prophetic announcement of the Saviour's food, butter and honey, containing the most perfect elements against the destructive tendency of hereditary consumption.

Thus I have shown you, however imperfectly, that science has been carefully and faithfully investigating this important subject, to which, even as late as 1858 one-fourth of all the deaths was due, that investigation has regularly brought information, that each subsequent demonstration has produced increased practical knowledge, that the blood, the sputa, the secretions point to the danger long in advance, so that, years before the lungs become affected, the preventive treatment may stay the onward progress, and thus save, as it has done, hundreds of cases that, but a few years before, must have been certainly fatal.

Not long since a man, with strong hereditary taint, who had been suffering for months in a back alley off Elizabeth Street, Toronto, in damp, darkness and dirt, had passed into the third or last stage, expectorating the tubercles clear, white and detached, was so far benefitted by appropriate treatment, as to be able to resume his occupation as a mason.

The treatment has become almost entirely divested of empiricism, the diagnosis microscopic, and the remedy chemical; there can be no transgression of nature's laws, but, like a co-operative society—aiding and assisting one another—working for a mutual benefit and producing perfect harmony in all their results.

I will now notice a few of the most marked and perfectly demonstrated cases, as well as the names of some of the leading chemico-physiologists who have so thoroughly investigated this branch of their profession.

And *in primis* I may refer to Brando, as one of the acknowledged authors, who quotes Dr. Golding Bird, and approves of the process recommended by him to detect kreatino and kreatinino, two excrementitious substances, proved to be formed in muscular tissue and found in urine, the result of muscular decay.

Liebig is also acknowledged, by him, authority on the tests and composition, and still further he says that Hippuric acid is contained in small quantity in human urine, in which it may

be produced by the use of benzoic acid. The alombic cannot produce a more perfect decomposition and reformation than is carried on in the human body in this reaction. Benzoic and cinnamic acids are non-nitrogenous, and in their passage through the circulation combine with the nitrogen of the urea, found in the blood, in certain diseased conditions, and produce a nitrogenous acid, detected chemically and by microscopic examination, in the urine. As high authority as Dr. Alexander Ure thought the action would be sufficient to destroy, not only uric acid in the blood, but uric acid deposits in the urine. But as this has not been sanctioned by Garrod, I will not press it. Still it has been shown (by Klotzinsky) that, if the deposit be unaffected, the urea is decidedly diminished, and the quantity of nitrogen contained in the urea lost is almost exactly represented by the nitrogen of the hippuric acid formed, so that the benzoic acid is probably converted into the hippuric acid by the combination of a nitrogenous body, either derived from the urea or formed at the expence of it. (Ann. de Thirap, 1860.) Then again in the American Journal of Medical Sciences for 1864, benzoic acid is represented as useful in the phosphatic variety of gravel, its beneficial influence being purely chemical, continuing only during its use. As you would suppose, these chemical remedies require some alkaline combination to ferry them over the usual acids of the stomach. Thus benzoate of ammonia is the usual form of prescribing the benzoic acid.

Almost every system of quackery has rested upon the denial of what was called the *materies morbi*, and boldly demanding proof of any such existing in the blood.

The great Organon says, "The cause of disease cannot possibly be material since the least foreign substance introduced into the blood-vessels, however mild it might appear to us, is suddenly repulsed by the vital power as a poison; or when this does not take place, death ensues," the sole influence or exciting cause being what they call dynamic power or spiritual influence, the old *pneuma* of the Greek philosophers. This bold assertion of the head Homeopathist was made in 1810, when chemistry was not prepared to give the decided proof, though a universal feeling was held among medical writers that miasm and other poisons found their way into the general circulation. In later years this matter has been put beyond all doubt. Dr.



Garrod found in the serum of the blood of gouty patients a considerable quantity of uric acid and free urea. He thus inferred that the kidneys were unable to carry off the whole of the uric acid formed in the system, and the circulating fluid in gout is thus always contaminated by the presence of a large quantity of uric acid, whatever may be the amount thrown out by these organs. Urea was not affected in so marked a degree as uric acid, "although the blood usually contains a slight abnormal amount of this latter principle in the acute form of the disease." Urea is found in excess also in meningitis, pneumonia, pleurisy, acute tuberculosis, rheumatism, especially when combined with endocarditis—deficient, in nervous and hysterical affections, chronic diseases of the liver, organic disease of the heart, and structural disease of the kidneys, thus giving a most ready guide to one of the great requirements in the treatment of these different diseases, (Hassel). Lohman remarks "that urea is possibly only excreted in increased quantity when material for its formation is sufficiently supplied. Now if voracity is not combined with this urea diathesis, the source of the urea must be sought in the waste or consumption of the nitrogenous tissues." In the present state of our knowledge, we may answer that the urea is found in the blood, and that it is produced from materials that have become effete, the detritus of tissues, as well as from unserviceable and superfluous nitrogenous substances in the blood. No animal tissue presents such vital activity, is so much used, and so rapidly worn out as the muscular. It is in this tissue that the metamorphosis of matter proceeds most rapidly and abundantly. Brande, in speaking of the blood, the affinity between it and flesh, calls the whole process, the same as Liebig, a strictly chemical action. He says "that such widely different products as milk, bile, and urine, (bile from the venous blood of the liver, and urine from the arterial of the kidneys,) should be produced in the living body from the constituents of this fluid, with such remarkable uniformity and regularity, is one of those *marvels of vital chemistry* which science cannot explain."

Cystine is another of these curious nitrogenous substances, found in the Urine, the result of decomposition of the protean compounds of the blood. Protean and all the compounds are nitrogenous, though some contain sulphur and phosphorus. The appearance of these compounds in the urino indicates the pecu-

liar tissue being destroyed and carried out of the body, and points to the nature of the disease as well as the important indications of cure. A case of this kind came under my notice a few years ago,—whether physicians called it palsy or rheumatism, it matters not. Enough, the patient had not been able to walk up or down stairs for three years. The urine contained crystals of different nitrogenous salts, and pointed to the waste of muscular tissue. Recognizing this chemical transformation of tissue, the treatment was apparently simple, and the result,—relief in three months and a perfect cure in a year.

I was indebted to the kindness of Prof. Croft, of Toronto University, for a preparation of one of the salts of aniline. This salt is a grayish powder, but by exposure to oxygen becomes blue. Now this effect is most strikingly manifest in the internal administration. After taking it for a few days, the skin becomes tinged with blue, and still more marked by going to the door or window, when the lips show at once the change of color.

The yeast plant has lately been discovered in the blood in zymotic diseases, and also that it can be counteracted by the use of sulphites in precisely the same way as the fermenting process is stayed in any substance in which it may be placed, as in beer or cider.

Nothing can be more strictly chemical in its action than the formation of sugar from starch. In the laboratory you follow strict rules with almost certain results. One of the ills to which flesh claims heirship is called diabetes, in which this chemical process is carried on with as great exactness as could be done in the alembic. "Vital power" is not once consulted, but the product is in perfect accordance with the material supplied. Avoid bread, pastry, puddings, and everything containing flour, starch, or arrowroot of any kind. Abstain from all sweet fruits, potatoes, artichokes, parsnips, carrots, etc., and take fresh meat, eggs, bran biscuit, and you stay materially the saccharine formation. There is a substance procured from the surfaces of the salted and decaying membranes of the calf's stomach, called rennet, which is soluble in water and possesses the property of quickly converting sugar into lactic acid. The same process is observed in that peculiar formation in the malting and growing of grain, called diastase. This substance if exposed to the air undergoes a change similar to the action of rennet, and acquires the same

property of transforming sugar into lactic acid, (Johnson). Here then is the remedy for the disease, converting the sugar, the chief evil, into lactic acid, closely allied to hydrochloric the natural acid of the stomach. The sulphite of soda, I may mention here, possesses the faculty of preventing the formation of glucose, one of the important steps in the transformation of starch into sugar. In this disease the whole process is chemical, the nature and abnormal change is chemical, the prevention and cure alike act by chemical laws. Starch is given for food. Sugar is found in the excrements. In the cure, sugar is converted into the most important and useful agent in the animal economy. In each and every process chemical tests unquestionably confirm, "or at least so prove it, that the probation bears no hinge nor loop, to hang a doubt on."

In vol. II. *Montreal Medical Journal*, 1861, page 150, I published the following remarks on the chemical treatment of disease, referring to Liebig and Muller's opinions, that inflammation is an oxydized state of the protean compounds of the blood, and that all diseases was the result of derangement of the affinities of particles, necessitating chemistry as an important adjunct to a regular course of medicine. We do know of strange chemical changes constantly attending the animal economy. Thus in the normal state, the gastric juice, almost the first stage in nutrition, is acidulous, while the blood, the result of this digestion, is alkaline. Again we have the secretion from the liver, the largest secreting organ in the body, with an alkaline base, while the product of the no less important organ, the kidney, is uric acid. We have also the oleaginous and albuminous secretions, the representations of nitrogen and carbon, as we find others of oxygen and hydrogen,—the two other elementary principles of all organic compounds. This is the healthy state. How innumerable the effects of their slightest variation in disease?—not acknowledging the theory that this constitutes disease, but simply viewing them as co-incident and their regulation as concomitants.

Take, for instance, the simplest form of congestion, or perhaps more properly, torpor of the liver, found in the moderate drinker, particularly of the beer drinker, and when, in supposed moderation, he has taken a little extra, with a few glasses of spirits.—You find the tongue coated with heavy white fur, the

gums pale, the fauces dry, the patient complains, not so much of constipation of the bowels, as a difficulty of passing what he calls a gummy, sticky sort of substance, which clings to him with a tenacity almost immovable, and of a dark green colour, with very little odor, and attended by smarting, but no pain. The remedy for this is the blue pill and black draught, of the old physicians. A friend of mine in the country takes ten grains of calomel, followed by salts and senna. Chemically this is an acidulous excess, both in the stomach and liver, and ten grains of soda bi-carb. to act on the stomach, followed by ten of potass bi carb to neutralize the hepatic secretion, in a glass of cold water, will often effect a cure in a few hours.

One of the most troublesome attendants of bilious as well as infantile remittent fever, is the constant passing of green bile with mucus, showing its irritating effect on the membrane, thus provoking the febrile action and otherwise retarding the cure. I do not mean to say that any preparation of Potassa will cure bilious fever, but no doubt their use will correct this abnormal secretion, and thus effect one of the most important indications.

On the treatment of dysentery or diarrhæa, or whatever name you give to the various bowel complaints of children, you find a double action or one extreme running into the other. If you are consulted in the early stage, you find the tongue slightly coated, but white, appearing as if the child had just taken a drink of milk, the stools pure, somewhat painful, but not frequent. This is always treated with antacids, as Hydrag. cum creta, with Creta cum opii comp., or soda carb., so that in this I have no particular point to call your attention to. But what is far more likely, you do not see the case till various pills and potions have been administered by the too-confident parents, suggested by the too-knowing neighbors whose children have been exactly the same, and cured by the far-famed remedy. You find the tongue coated in the centre with a dirty white, inclining to brown, the tip and sides red, the fauces, gums and tips of the same color, a painful expression of countenance with a whining feeble cry, constantly picking its lips or ends of its fingers, stools more frequent, of the color of the coating of the tongue, more painful before each motion, and increasing in frequency, &c., &c., and you will invariably find an alkaline reaction, the stools often effervescing with nitric acid. Whatever course of treatment you would each sug-

gest, you will find its efficacy most wonderfully advanced by an acid accompaniment, such as *Tr. ferri mur.*, or, still further, you may find the eyes sunken with a dark areola; skin something of the color of the tongue, flesh full but flabby and doughy, with other strumous indications. There is an opportunity for a double chemical action. Feed the child on starch, and give diluted nitric acid. You will not only furnish the best nourishment, and counteract the excess of alkali in the system, but nitric acid converts the starch into oxalic—than which no remedy appears to have such specific power over the strumous diathesis.

Take another familiar example with children, one in which you have no doubt been sorely tried and wished, like the patient man of old, "your enemy would write a book on it." A child at breast, the mother strong and healthy, eats her meals with relish, has plenty of milk for the child, even more than it requires—this you find on standing in the glass, rich, and covered with thick, almost buttery, cream. She tells you the child nurses freely and throws it up without any curdling—bowels inactive for a few days, then three or four motions a day for a few more—child pale and fretful, crying and whining constantly—pulse irregular, with dry, sometimes feverish skin. Here is a case of infantile indigestion, tending to cachexia. You proscribe *Infus cinchona*, or some other tonic without avail. Chemistry says, if you give that child sugar, it will convert the casein of the milk into lactic acid, one of the elements of the gastric juice of the child, and experience confirms the magical effect.

Pneumonia represents most perfectly the type of inflammatory disease, and its treatment has been the subject of universal discussion in the profession—from bleeding and blistering, with starvation diet, to the other extreme of sustaining the patient—with no trust in medicine, but simply letting nature have her own way and the disease run its regular course. If our profession were not a science, and its members not men of thought and education, this following after nature might have some virtue. But it happens to be otherwise, and the physician's duty is to lead and direct nature in her wandering, to check or encourage as occasion may require. In this perfect form of disease he has a perfect plan of treatment. With the protean compounds of

the blood in an oxydized state, while the inflammatory process is progressing, he has only to press, with great rapidity, the alkalies into the system, and inflammation proper can only last as long as it requires to restore the blood to its normal alkaline state. The consequence of inflammation may remain, but the inflammatory stage can be checked in four or five days; and it is the only plan by which it can be kept in subjection; therefore Liq. potassa may be considered as having a complete control over this disease.

Rheumatism has been so frequently associated with excess of acid, that theorists have, for a few years past, laid down an alkaline course of treatment; but that excess of acid in the acute, or of alkali in the chronic, is symptomatic of the disease, I utterly deny. I would call your attention to the fact that there is a marked difference between rheumatism in Europe and rheumatism in Canada, particularly those of you who have had an opportunity of seeing cases in the hospitals of London as well as this country. In England, the chronic form tends to rheumatic gout; while in this country it assumes the nature of palsy. However, the fact that the excretions in some cases, and often in certain stages of the same cases, will acknowledge the test of alkaline and acid excess respectively, I think I may safely state as proven; hence it is our duty to seek out the admonitions that chemistry suggests and govern ourselves accordingly.

The powerful antiseptic and disinfecting effects of chlorine have been long known, but until the accidental discovery of the chlorido of potassium, a few years ago, the different forms in which it was necessarily administered contained objections commensurate with its advantages. This salt is free from any of the difficulties of former preparations, not so caustic for local use as chloride of lime, and more effective than the chlorido of sodium; it imparts its chlorine readily, and leaves the potassium as mild a caustic and gentle stimulant as could be wished, and wherever it has been applied to fœtid and indolent ulcers, the whole array of yeast and charcoal and other carbonaceous applications have fled before it in confusion. In that modern and most dreaded disease diphtheria, there appears no safety in any other remedy; it is a malignant fever with putrid sore throat, the whole living surface of the fauces and pharynx throwing off a false membrane, which again immediately forms attachments

in places and thus hastens dissolution by a mechanical obstruction. Gentlemen whose opinions I cannot but respect, still place their trust in *Argentum nitras*, but its application is very difficult as it could touch only certain places and its effect uncertain, while two or three free applications of a strong solution of the chloride of potassium with a sponge, will almost completely remove the local difficulty and leave you a "fair wind and an open sea." Thus we have viewed chemistry only as an adjunct or chief assistant at our labours, but as we rise in the scale of disease, and find, as we do so, our difficulty increase and our skill more at fault, we may be induced to look to this science as the polar star in our distress, and the guiding spirit to carry us through the storm. I include under one general term the different disorders of this kind, such as albuminuria, tuberculosis, phthisis, &c. I will speak alone of serofula or general cachexia, and of course will not attempt any minutiae of detail. We find an excess of fluid over the solid part of the body as well as deficiency of fibrin or muscular fibre and often total want of some important constituents of health, such as phosphorus and sulphur, or we have excess of hydrogen with loss of nitrogen. On the use and distribution of these two elements depend, almost solely, our hopes of cure, simply using carbonaceous and oxygenated substances as nourishment to keep good the supply and preserve the waste, until we can effect a change in these other elements. That chemical changes do not take place with the same certainty, and regularity in the system influenced by vitality as in the alombic and under our observation, I am willing to admit, but that these changes are more or less definitely and correctly effected while circulating in the blood, I think can be as clearly proven. As an instance—and it constitutes a most important part in our curative process—give for a few days, cod liver oil, with phosphate of lime, and you will detect the dumb-bell crystals of oxalate of lime in the urine. Now this can only be effected by the change of carbonic acid and carbonic oxide into oxalic acid, which from its stronger affinity, sets free the phosphoric acid and unites with the lime; this change is wholly produced in some part of the transit through the circulation.

Raw beef, pounded to shreds, has of late received the approval of the London and continental physicians, as food in these cases, upon physiological reasons, particularly its ready

transformation—with little effort of nutrition—to the much needed fibrino; but we also find that the pounding divests it of its cellular substance, or cellulose, which is composed of hydrogen and oxygen in the exact proportions to form water. So the three—carbonic, oxalic and tartaric acids—to which so much importance has been attached, contain, two of them none, and the other a very small proportion of hydrogen, which may materially check that ready solvent from carrying the most important solids out of the system.

I cannot agree with the one-man power of Dr. Churchill, about the use of hypophosphites, but have no doubt of their most important efficacy when combined with cod-liver oil, so as to produce the chemical transposition before mentioned. The chemical indications of cure, therefore, consist in the proper regulations of hydrogen and nitrogen: the first, by keeping from the system all such articles of diet as contain the elements of water, and using for medicines—like chemical compounds—the few acids named above; the second, by conveying into the system, as much as possible, of substances rich in nitrogen; of these the principal are nitric acid, nitrate and cyanide of potas., and the different preparations of ammonia—chief of which is the muriate, articles of diet confined to caseine of milk, albumen of egg, and fibrino from beef and mutton.

Fruit, often highly recommended, derives its principal advantage from the long mastication required, causing a greater quantity of atmospheric air—a compound of oxygen and nitrogen—to be conveyed to the stomach with the saliva.

Dr. Fuller, in his treatise on rheumatism, acknowledges the principle, and prescribes—with the perfect conviction that an acid re-action exists in the blood—a strictly alkaline course of treatment, in all cases of the acute form. In the more chronic state the uric acid is deposited in the form of urate of soda, in the joints and muscular tissue, causing the pain in motion. In this stage an acid treatment is found most serviceable, causing the decomposition of the soda.

Dr. Tanner, in the most admirable little hand-book of medicine ever written, referring to the treatment of fibrinous clots, sometimes found in the blood-vessels, says, “the admirable series of experiments by Dr. Richardson, teaches us that all the alkalis are resolvent, that is, they lead to the solution of nitrogenous



tissue; that after deaths from alkalis, there is fluidity or partial fluidity of the blood, dissolution of the blood-corpuscles, softening of the soft parts, absence of cadaveric rigidity, and extensive but simple vascularity of the mucous surfaces and vascular organs."

These are enough to show the certainty of some of these chemical actions. I am aware some of my medical friends, for whom I have the highest regard, think these things impossible; but let them consider, if they had not, a few months ago, as little confidence in the Atlantic cable. I am putting forth no crude and imperfect theories of my own; I am giving the published opinions of the greatest writers of the age—Lohman, Bidder, Bishoff, Liebig, Mulder, Bird, B. Jones, Prout, Hassell, Garrod, Thompson, and others of equal celebrity—and showing that one of the most dire and hopeless diseases is receiving the attention of these great and able men, and being investigated on the purest scientific principles, and I trust the time is not far distant, if not already at hand, when we may include this in the hopeful expectancy of the great past.

Our foes intestine, what a numerous band,  
Against this little thread of life conspire!  
But felices can elude their fatal ire  
Awake, and turn aside Death's fatal dart,—  
Soothe the sharp pang, allay the fever's fire,  
And brace the nerves once more and cheer the heart.

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## RADICAL CURE OF HYDROCELE BY THE SETON.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Under the above caption, in the *Med. News & Library* for Jan. 1871, occurs an article extracted from a communication to the *Med. Times & Gazette* for Nov. 12, 1870, by Mr. Henry Smith, surgeon, in which this practice is very highly spoken of

This method is a modification of what is known as Pott's treatment, and recommended as perfectly safe, convenient and effectual, patients being able to go about and even attend to their various occupations during the progress of cure: two cases only, out of thirty operated upon, suffering subsequently even inflammation—one of these the result of imprudence in exercise,

and no return of the disease in any. The operation may be described in Mr. Smith's own words, thus, "simply to puncture the tumor with a common suture needle armed with a single thread and having brought the thread out at a distance of one or two inches from the point of entrance, it is disengaged from the needle, and the two ends are tied lightly together." He further advises that this thread, as a rule, may be left in from eight to ten days, and at any time, if the inflammation seems inclined to fall short of the degree required, it may be increased by moving the thread.

As I have recently completed a cure by this method, I will detail partially the progress of the case, that your readers may with me form opinions respecting its value, as compared with the treatment by injection, and adopt it or reject it, as it seems to them to deserve.

The patient, aged about 41, was healthy in other respects, and attributed his hydrocele to a fall which he got astride a fence, by which the posterior part of the scrotum and perineum on the right side, were considerably bruised.

When I first saw the case, on the 16th of March, 1870, it had been in existence over a year; the right side of the scrotum was nearly as large as a quart pot, and yielded on tapping over twenty ounces of fluid.

I urged him then to return when it became partially filled again, that I might proceed with the radical cure by injection, but I saw him no more till the 6th of Aug, when he came back, with his scrotum enormously distended. I tapped it once more, and over sixteen ounces of fluid escaped; still he would not submit to treatment for a radical cure, alleging as an excuse, that he "had not time to lay by."

On the 22nd, Febr, 1871, the patient presented himself again with the tumor about as large as at the latter tapping, and expressed himself anxious to have a final cure made, as the swelling was becoming so troublesome that he could not attend to his business, and on having the two methods of procedure explained to him, he was decidedly in favor of the operation by seton. In obedience to his wishes, and my own desire to test this plan of cure, I carried out Mr. Smith's directions, as fully and accurately as circumstances would permit. The operation itself was a very trifling matter, no immediate

result following it, but a very slight oozing of serum externally, and the escape of a larger quantity into the cellular tissue.

On the 23rd, I found the patient considerably excited, the scrotum enlarged and globular, having a doughy feel from the effusion of fluid into the sub-cutaneous tissues, and generally erythematous; the penis, also, was very much distended and had a semi-transparent appearance. I relieved the latter by several punctures, and, as the patient was feverish, I administered a dose of Pulv. jal. co., with the object of relieving the febrile symptoms, and also promoting absorption of the effused fluid.

In the evening, after the operation of the purge, the patient seemed much relieved, the penis had become nearly normal, but the scrotum remained unchanged in appearance, and required to be kept suspended.

On the 24th, I found little change; the patient had slept well, and was eating sufficiently. There was perhaps rather more general excitement, the pulse being about 90, and the tongue slightly coated, but perspiration was taking place freely. There was considerable congestion and inflammation about the site of the seton; that was becoming hard and tender.

25th. The constitutional symptoms were much the same as yesterday. The scrotum had diminished in size so that the left side was nearly normal. On the right side the tunica vaginalis was less tense above, but harder and more inflamed at the lower part, and the skin of this portion of a dark red color, the skin and tunica vaginalis being consolidated together at this point, by the engorgement and hardening of the areolar tissue between them. The penis was normal.

26th. The patient had been acted on last night by another dose of Pulv. jal. co., and to day felt quite comfortable, and was walking about the house. The swelling and hardness of the lower part of the scrotum were unchanged.

I moved the string to set up more action; there was a very slight discharge of pus along side of the thread. He came to my surgery, having walked about a quarter of a mile, and stated that he had been trying to work a little. He said he felt well, but was weak. The general and local symptoms were the same as on yesterday, and on the day previous.

28th. The patient continued much the same as at last date, yesterday's exertions, however, had induced slight febrile

symptoms, and caused general uneasiness. This being the sixth day from the insertion of the seton, and the parts about it being thoroughly inflamed, I removed it, and trusted to the action already excited to complete the cure.

March 1st. Patient came to my surgery again, and had been doing light work. Very little change in the parts was apparent, the scrotum was still very large, not only from the oedema of the subcutaneous tissues, but also from the continuance of about a pint of fluid in the tunica vaginalis.

2nd. & 3rd. Came to my surgery again on both days feeling as well as usual, only very weak, and had continued intermittingly at work. The lower part of the scrotum was becoming greatly inflamed, largely swelled, of a very dark red color and showed evident signs of external suppuration. A poultice of bread and milk, or of slippery elm bark was prescribed, and ordered to be continued. One or the other of these poultices was applied a great deal of the time, but chiefly at night; the patient persisting in walking about during the day up till the 8th. At this date the swelling and pain were so great that the patient was compelled to lie in bed.

The poultice on the lower part of the scrotum was continued and Iodine applied around the upper part, and over the seat of the spermatic cord, nevertheless, on the 9th, the inflammation was still increasing, pain and tension very great, with tenderness over the whole scrotum, and extending up the course of the cord. The general symptoms indicated a great degree of systematic sympathy, and the whole man was, in reality sick. I ordered another small dose of Pulv. jal. co., to empty the bowels, and followed it by Pulv. Ipecac. co.

10th. Dr Maclean of Kingston happened to call at my house, and I asked him to walk down with me and see the patient.

As the scrotum remained very much distended, and there were no signs to indicate a speedy cure, if a cure at all, without further interference, we both thought it advisable to evacuate the contained fluid. This was done by the thrust of a bistoury; and sixteen ounces of proper straw colored fluid escaped, and also some pus from the subcutaneous tissues.

11th. I found the patient much relieved, and walking about the house. 13th & 14th. He was still feeling better, the scrotum was diminishing in size, the soreness was abating,

considerable pus was discharging from the wound, and all his symptoms indicated a speedy recovery.

18th. I was called to see my patient again, and found him in a very unfavourable condition. He had been imprudently exercising—walking and trying to work—and had induced a re-accession of acute inflammation. The scrotum was enormously swelled, the tunica vaginalis evidently filling rapidly, the parts painful and tender to touch. with pain and tenderness across the lower part of the abdomen, the general health giving way, and the patient becoming emaciated. Calomel and opium were administered, and warm fomentations applied both to the scrotum and the abdomen.

26th. As the distension and inflammation of the scrotum had increased up to this date, although the urgency of the general symptoms had somewhat abated, Dr. Maclean was called in consultation. After mature deliberation, we concluded to try another evacuation of the contents of the sac.

I then introduced a trochar and canula, through about two inches of inflamed skin and subcutaneous tissue, and penetrated the tunica vaginalis. On withdrawing the trochar, about eight ounces of purulent looking fluid escaped through the canula and after its removal, a large quantity of pus from the wound.

27th. The patient was much better, there was a free discharge of greenish pus, together with a yellowish fluid from the opening, the swelling was subsiding, and all appearances favorable.

30th. The patient was still improving, the swelling subsiding and the discharge of pus growing less; the serous fluid, however, was still escaping in considerable quantities.

April 5th. Everything has gone on favorably and the patient presented himself in my office nearly well. Slight discharges of pus and serum were occurring at intervals, but all dangerous symptoms had passed away, and the prospects of a complete cure certain.

In about a week after this, the patient went to work again and has continued at it ever since; a sero-purulent discharge remained for two or three weeks longer; the scrotum, during this time, gradually resumed its healthy character, until nothing remained of the effects of the disease and treatment, but the necessarily hypertrophied tissues. Time, and a suspensory bandage,

are gradually removing this abnormal state, and the man may be said to be perfectly cured of his hydrocele.

This case was certainly not a fair trial of the seton according to the known rules of surgery, on account of the obstinacy of the patient, in persisting in walking and working while under treatment; but taking Mr. Smith's statements, that the patients were generally able to be about their work, as a guide, the trial was fair enough. The cure was certainly complete; but the length of time occupied, the other operations demanded during the progress of the case, with the unnecessary suffering thus inflicted upon the patient, do not recommend this practice to me as superior to that by injection.

The causes which seem to render it an objectionable plan are, first, the effused fluid must all be removed by absorption, and it is so great in a large hydrocele in comparison with the amount of absorbing surface, that so high a grade of action in the tissue, or so long a continuance of a lower grade, as is sufficient to effect this result, endangers the integrity of the parts: secondly, the origin of the inflammatory action required to change the character of the secreting surface, is too local, and by the time the whole interior surface of the sac is affected by inflammation, this will have become too intense at its starting point, namely the track of the seton; thirdly, inflammation is set up in parts *exterior* to the tunica vaginalis, which may result not only, as in this case in suppuration, but in extensive destruction of parts by erysipelas, gangrene, &c.

In all these particulars, therefore, there seems to be more risk, than in the operation by injection of a stimulating fluid, which is quickly brought into contact with the interior of an already empty sac, which subjects all parts at once to the same grade of excited action, and which does not interfere with the tissues *external* to the parts acted upon.

June 15th, 1871.

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ERRATUM.—In the June number of the *Lancet*, in the article on Fibrous Tumors of the Uterus, by Dr. T. Mack, page 414, fifth line from the end read "sub-peritoneal" for "sub-mucous."

## MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

St. CATHARINES, May 2nd, 1871.

The Chairman, Dr. Comfort, opened the proceedings by a few remarks upon the so-called hæmorrhagic diathesis. He believed it to be dependent upon more than one pathological condition of the system, the first and probably the most common being a deficiency of fibrin in the blood, and, secondly, some imperfection in the capillary circulation, such as rupture of these vessels or exosmosis, from tenuity of their coats. Again, might not the deterioration in the fibrin result from want of vitality in the blood, dependent upon lack of nervous force. The blood remains fluid after ligature of the pneumogastric nerve in animals, in death from certain poisons, from zymotic disease, from Electricity, and from the bite of venomous reptiles.

A lady from the United States, aged 35, who had been a patient of Dr. C.'s, some years ago presented the symptoms of this condition of the blood in a very marked manner. At each period the conjunctiva would become congested, the nails red, and a passive uterine hæmorrhage would supervene, extremely persistent and exhausting. This lady, Dr. Comfort has been informed, has since died, shortly after her return to one of the Southern States, and her friends informed him that the cause of death was supposed to be cancer of the womb.

The want of tonicity in the capillaries might be remedied by stimulating the *nervi vasorum*, by the application of heat to the origin of the spinal nerves and by Faradisation, while the Ferric Alums and vegetable tonics and astringents should be of benefit in improving the constitution of the blood.

The most distressing hæmorrhage had occurred in such persons from the gums and alveoli after lancing the gums, of which we had a fatal instance some years ago in this town, and also after the extraction of teeth. The Dr. stated that the removal of teeth in chlorotic anæmic persons was seldom followed by even the ordinary amount of bleeding.

The hæmorrhagic diathesis appeared to be a vicious condition of the circulation *per se*, frequently hereditary and as far as he had been able to remark impossible to permanently remove or cure.

Tuesday, May 9th, 1871.

Dr. Goodman spoke in favor of the use of Iodide of Calcium as a remarkably mild and efficient alterative; it appeared to him to be more easily assimilated in disordered states of the stomach than any other Iodide, he had used it lately with marked effect in diseases of the stomach and bowels in the strumous diathesis, he had not tried it in secondary and tertiary syphilis, but he would here allude to the great benefit derived from very large doses of the Iodide of Potassium at the General and Marine Hospital in several rebellious cases of those diseases.

The exhibition of Iodine combined with Albumen and added to milk or to other compatible articles of food proved useful in the treatment of Scrofula.

In the same way impregnating plants, such as water-cress with this element and eating it had been found by a gentleman present an excellent mode of producing the physiological action of this medicine as well as combining Iodide of Sodium with the salt used as a condiment.

Iodide of Starch mixed with sugar will be readily used as a sweetmeat by children. Iodine introduced in this way with an aliment acted more beneficially in the scrofulous diathesis where constitutional influences of a profound nature were sought to be brought about.

Another mode was the slight impregnation of beverages, so that the diurnal quantity of the medicine taken could be watched carefully and severe Iodism avoided.

Dr. Goodman reported a case of ruptured perinæum successfully treated. In this case, a primipara, after a very protracted and painful labour, a laceration occurred in a manner that appeared to have been almost inevitable. Forty-eight hours after the accouchment, the patient being placed on her left side with the knees drawn up, and the parts exposed to a strong light, four silver wire sutures were introduced, uniting perfectly the torn edges, a carbolized lotion was applied by a compress, and the knees were kept close together. Care was taken to prevent contact of urine and no motion of the bowels was permitted for four or five days. After the lapse of that time the sutures were removed and perfect union was found to have taken place—carbolyzed vaginal enemata were used, the bowels carefully opened, and the restoration was so complete as to leave her, if anything, "better than she was before."



CASE OF CARIES AND SUBSEQUENT REMOVAL OF  
THE WHOLE INFERIOR MAXILLA.

BY R. H. PRESTON, M.D., NEWBORO'.

SIR,—Dr. Preston, at my request, sent me the accompanying particulars of his most extraordinary case, and I should have forwarded it to you sooner had I not wished to be able to report the condition of the subject of it, at a later date. I heard from him last week, and the report is that he has continued to improve slowly but steadily from the time of the removal of the bone, and that he considers himself perfectly recovered, the only thing preventing it being the inability of the dentist to find sufficient footing for a plate of teeth on the lower jaw. This was running in the man's mind from the first, for before proceeding to remove the jaw he was particularly anxious to know how soon after its removal he would be able to have a set of artificial teeth. I need hardly say that the reply was not very encouraging.

Yours, &c.,

OCTAVIUS YATES, M.D.

Mr. L. B., aged 46, a farmer residing in the Township of Bastard, Co. of Leeds, Ont., a man of spare but temperate habits was attacked on the 18th of Oct. last with severe pain in the second molar tooth, right side of the lower jaw. The tooth was decayed so as to expose the nerve. Pain was severe, and the face soon began to swell until the 4th day when suppuration ensued, but instead of finding relief his symptoms became more severe, the discharge increased, also the swelling which extended along the course of the bone. He went on in this way until the 28th Oct., when I was sent for. I found him labouring under high constitutional excitement, pulse running 150, skin hot and dry with pus discharging freely from around the decayed tooth. With great difficulty I succeeded in opening his mouth enough to extract the tooth and the one in front of it, both being quite loose. I ordered beef tea, chicken soup, egg, cream and brandy, to be given freely, also put him on syrup of iodide of iron, and gave him a wash of carbolic water and glycerine.

On the 31st saw him again, the swelling and soreness greater and extending round the jaw; pus was oozing from the side of every tooth on the right side. The constitutional symptoms more severe, hectic, night sweats, pulse 150, growing weaker and very drowsy. Beef tea, &c., continued, brandy increased.

Nov 3rd, saw him again, found him much weaker, disease extending, pus escaping from around every tooth in the whole jaw, and in large quantity, removed more teeth, increased as much as possible the amount of nutriment and stimulant.

Nov 8th, saw him again and found him apparently sinking. The quantity of discharge was full a pint in 24 hours, a thick yellow-greenish pus, feet and legs œdematous, pulse weak and ranging from 130 to 150. At about this time, three weeks from the onset of the pain, besides continuing the nutriment, &c., I gave him large doses of quinine, also gave him cod-liver oil. For the next three weeks I saw him twice a week (he lives over 20 miles from me or I should have visited him oftener) and during this time the discharge gradually became less, and he rallied in strength so that he was able to sit up for a short time every day.

Nov. 28th, Dr. Addison, of Farmersville, saw him with me, and we decided to remove all the teeth, hoping thereby to save the body of the bone, but soon after their removal (one was left) the gum fell from the bone. I then removed the greater portion of the alveola, when the condition of the body of the bone was discovered. The sloughing of the bone continued to go on rapidly. I then sent for Dr. Octavius Yates, of Kingston, who met me on the 24th Dec., when we removed the whole bone, cutting it in the mesial line and taking out first one and then the other side, and only requiring to use the handle of a scapel to separate the soft parts. No cutting was required, and only one or two teaspoonfuls of dark venous blood lost. By following, with the finger, the track left by the bone, the glenoid cavity could be distinctly felt, sound and free from disease. At the point of the chin a slight cartilaginous band could be felt, no doubt nature's commencing substitute for the jaw.

For some time there continued more or less œdema of the lower extremities, but it has now quite disappeared. The chin has contracted but very little while his cheeks are fuller than

formerly, and although his voice is changed his articulation is perfectly distinct. His gums, or what is left of them, are gradually becoming harder, and he now eats hashes, puddings, &c., to such an extent that he weighs 15 pounds more than his usual weight before he became ill.

The bone itself, but for one sound tooth which remains, would, at first sight, hardly be recognized. The surface of the bone only here and there is preserved, while the whole interior portion seems to be lost. The bone or rather the pieces may be seen, having been added to the Museum of the Royal College, Physicians and Surgeons, Kingston.

In conclusion, the question naturally arises, what was the cause of this rapid and complete destruction? No constitutional hereditary or acquired taint can be traced or found. No other part of the body was, or has yet, been affected. If left to itself (the supporting treatment excepted) the bone would probably have been thrown off or out, and thus furnish an example of spontaneous excision unheard of, (by me at all events) before meeting with this case.

Feb. 1871.

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### A CASE OF UTERINE POLYPUS.—OPERATION FOR REMOVAL.

BY WILLIAM C. CORSON, M.D., BRANTFORD, ONT.

On the 28th of July, 1870, I was requested by an elderly lady to visit her daughter, Mrs. H., who was on her way from Bay City, Michigan, to join her husband at Rochester, N. Y., and who had remained over at this place to make a short visit with her mother. I was given to understand that the patient was a confirmed invalid, but while here had become so much worse as to be unable to proceed on her journey. A leucorrhœal discharge, from which she was suffering, had become also so offensive, as to render her an object of disgust, not only to herself, but to all in the house, and it was under these circumstances that my advice was sought.

At my first visit, I found on enquiry that my patient had been out of health for the past three years, and for the past year and a half she had been under the care of a Homœopathic practitioner, who had

treated her for ulceration of the womb. She was 28 years of age, the mother of four children—two of whom were living, and she had once aborted, at the commencement of her ill health. She was moderately plump, though anæmic from the long continued drain upon her system; and she was so debilitated as to be able to take only the gentlest exercise. After learning a few other particulars of her case, I made a digital examination per vaginam, where there was felt projecting into the vagina a round, smooth growth, which when followed up was traced to the fundus uteri, where it was attached by a pedicle the size of the thumb. The mass completely filled and distended the uterus so far as to render its cavity one even continuous passago with the vagina. The speculum was then introduced, when a view of a portion of the tumor was obtained, and there was seen an explanation of the foetid discharge in a superficial slough on its lower end. To make "assurance doubly sure" as to the nature of the case, I introduced my hand up the vagina, and grasping the tumor, drew it into the external world for one-third its length. At this time there was a sero-sanguineous discharge, mixed with epithelium, so abundant as to require a continual changing of towels, and so offensive as to become intolerable.

Having satisfied myself as to the correctness of my diagnosis, the nature of the case was explained to the patient, and the immediate removal of the tumor was recommended—a proposition to which she readily assented; and the day following was appointed for the operation. Happening in the meantime to meet my friend, Dr. Henwood, of this town, I mentioned the case as one of unusual interest, when he expressed a desire to be present at the operation, and at the same time volunteered any necessary assistance, which was thankfully received. After considering the various procedures for the removal of uterine polypi, the operation by *écrasement* was selected as being less likely to be followed by either hæmorrhage or inflammation. Accordingly at the time appointed I proceeded to remove the tumor, but before beginning, at my request, Dr. Henwood made a vaginal examination, and concurred in the necessity for an operation. Accordingly the patient was placed upon a high, stout short cot, constructed after a design by Dr. J. C. Nott, of New York, for the purpose of speculum examinations, in which the feet are placed against a pin at the end of each rail, and the hips are drawn to the end of the cot, so that the patient is placed in something like the position for lithotomy. I then introduced one hand into the vagina, and taking hold of the tumor, drew it into the external world for nearly one-half its length, while

with the other hand the chain of the ceraseur was passed up till it encircled the pedunculated portion, and there held in position. Dr. H. then gave the requisite turns of the screw slowly, and in a few moments the pedicle was divided. Little or no pain was experienced, and the hæmorrhage which followed was comparatively trifling.

The after treatment consisted in keeping the patient in the recumbent position, and in daily washing out the uterus and vagina with a warm doucho, to which a small quantity of permanganate of potash had been added. The patient in her weakened state had become nervous and wakeful, and for the past few months she had been in the habit of taking obloral hydrate at bed time for the purpose of procuring sleep, and always with good effect. This she was allowed to continue. Nothing unfavorable occurred in the further history of the case, and in a week she was able to sit up, the offensive discharge disappeared, appetite and spirits returned, and in two weeks from the time of the operation she had regained sufficient strength to proceed on her journey, which she accomplished in safety. Before leaving she was advised to take a course of iron to enrich her impoverished blood, and I have since learned from her mother that she continued to enjoy excellent health.

The tumor upon examination proved to be the size of a very large pear, which it resembled in shape. It belonged to the fibrous variety of polypi, which are true submucous fibrinoids. The most remarkable and instructive fact in the history of the present case is that at no time was there either menorrhagia or metrorrhagia, the menstrual function having been performed throughout with tolerable regularity as to time and never excessive in quantity.

Just as I am concluding these hastily written notes of this case, I am called to see the mother of my patient, and she informs me that Mrs. H. was delivered of a healthy child at Bay City, Michigan, on the 18th May—a circumstance which shows her excellent recovery, as she must have become pregnant almost immediately after the removal of the polypus.

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#### DEATH.

Dr. George Perks, of Port Hope, died on the 17th ult., from injuries received from his horse the evening previous. Deceased was a native of Stowbridge, Worcester county, England, and had been for twenty years an esteemed and useful resident of Port Hope.

## THE EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR, ANTWERP, N. Y.

*(Concluded from page 497.)*

To this letter—as also to the eager remonstrances of many other practitioners—Dr. Sweeting's 'only reply was that' "he could not understand how it was that those who advocate sponging of the body in Scarlatina should have so few deaths—in one instance no death occurring in 200 cases; in another 1 in 60, in another 1 in 30." The only point, however, on which I joined issue with him was in reference to *warm* sponging. The major portion of his answer is taken up with deprecation of the *cold affusion*. I have already intimated that one is apt to hesitate about its adoption, if on no other ground than that of its *gonoral* impracticability, though not a few, I am satisfied, would be deterred from apprehension of the effects of shock. While I give due weight to the assurances of reliable practitioners who have used it successfully, and do not feel disposed to question in the least the voice of authority otherwise in its favor, the proceeding has too heroic an aspect to be advisable frequently in private practice. For, the friends of patients immediately look grave and reluctant when the remotest hint is given of resorting to a measure so very energetic. There is also the certainty of popular condemnation if the case results unsatisfactorily, and this outside, unthinking, clamorous censure is a thing not easy to bear, and therefore not lightly to be excited. I have even encountered families who evinced a repugnance to the warm-bath, especially in the case of infants; but I have not yet experienced (or met a practitioner who had) the slightest difficulty in securing active and efficient aid in carrying out warm sponging. The statement made by Dr. Sweeting that every description of lavement caused death in the acute stage, or led to dropsy, is wholly unsupported. When pressed for illustrative cases, he has not even one to furnish, but takes refuge behind the cold affusion, in reference to which he no doubt felt certain of a *generous measure of sympathy* from many practitioners. That he may have seen "acute" cases prove fatal, and dropsical ones too, in which the warm

17. "The Treatment of Scarlatina," (London *Lancet*, vol. 2, 1870, page 244,) by Richard Sweeting, M.D.

sponging, or other of the milder mod of surface water treatment was essayed, is probable enough, but that there was any connection—even the remotest—between the external applications and the untoward result, is a thing he does not even enter on the attempt to establish. What is claimed for the warm sponge or warm bath is simply this: the eruption being kept out well, all danger of suppression is avoided; the continued determination to the surface materially relieves the internal organs most liable to be assailed, the force of the fever is mitigated, and desquamation facilitated.

And now to consider the oleaginous section of our subject. Most of those who favor the use of water as an external application in Scarlatina approve of inunction. Flint<sup>18</sup> ascribes its origination to Schneemann, a German physician,<sup>19</sup> admits the efficacy of lard in allaying pruritus and diminishing febrile excitement, but he thinks as good results obtainable from the use of glycerine and rose-water, or glycerine and cologne. Dr. J. H. Tanner<sup>20</sup> advises "daily inunction of the entire surface with hot lard," in the simple form, and in Scarlatina Anginosa; but in a purely prophylactic point of view has no faith in it. Dr. S. Jones Gee<sup>21</sup> suggests the patient should be greased "with mutton suet,"—affirming "it often brings comfort." Dr. J. L. Ludlow<sup>22</sup> speaks of covering the whole body with lard, oil, or fat of bacon, as "a popular remedy in the fever. Dr. H. G. Knaggs<sup>23</sup> gives as the results of eleven months of experimental tests, that in febrile disturbances generally, and indeed in all disorders of childhood, accompanied by an unnatural state of the skin,—smearing with salad oil slightly warmed," is productive of almost instantaneous improvement in every case. Dr. W.

18. A Treatise on the Principles and Practice of Medicine, by Austin Flint, M.D. 3rd Ed. Phila., H. C. Lea, 1868. Page 921.

19. A writer in the *London Lancet*, under date of Jan. 29th, 1870, claims for Sir James Simpson the merit of first recommending the smearing process. He says: "the beneficial effects of oil inunction were first observed by Sir James in the large woollen factories in the south of Scotland."

20. An Index of Diseases and their Treatment, by Thos. Hawkes Tanner, M.D., F.L.S., M.R.C.P., &c., Phila., Lindsay & Blakiston, 1867, page 234.

21. "Article on Scarlet Fever" in Reynolds' System of Medicine. By. S. Jones Gee, M.B., vol. 1, page 351.

22. Manual of Examinations, by J. L. Ludlow, A.M., M.D., Phila., Blanchard & Lea, 1860, page 421.

23. "Notes on Anointing in Infantile Disorders," (*London Lancet*, vol. 1, 1870, page 114.) by H. Guard Knaggs, M.D., F.L.S.

Fergus<sup>24</sup> considers anointing with fatty substances not likely to benefit the patient much in the early stage of the disease; but is decidedly of the opinion that, to a certain extent, it may arrest the diffusion of separated cuticle. Drs. Budd and Prior<sup>25</sup> agree that anointing with camphor oil is "an excellent precaution." Dr. C. Lovegrove<sup>26</sup> refers to warm olive oil in scarlatinal enlargement of parotid gland as "invariably successful" in effecting diminution. Dr. Thomas Hiller,<sup>27</sup> of the London Hospital for sick children, says, "during convalescence, warm baths and anointing are useful." Dr. F. Smith<sup>28</sup> believes six parts of olive oil to one of carbolic acid will effectually destroy the vitality of the scarlatina germ "at the very moment of its making its appearance on the surface of the skin." Dr. David Gibb<sup>29</sup> adds carbolic acid also, to mutton suet, (in proportion of one to twenty,) and finds "this unctuous application to be soothing and refreshing." Dr. J. H. Bennett<sup>30</sup> states that excessive dryness of the skin is the indication for employing "oil or grease." A prolongation of the list I deem unnecessary. The practice has the endorsement of distinguished names enough to induce us to accept it without much hesitation, and the readers of the *Canada Lancet* will have noticed that in pressing its claims, (as also those of the warm sponge or bath,) that I have not relied on the routine teaching of the schools, but, for the most part, have given them, in the fewest possible words, the views and experience of reliable living practitioners in present active work. While very few, if any, claim forunction the advantage of being prophylactic in the ordinary sense of the term, it is still preservative in so far as it enables us to isolate cases. What I

24. "On Scarlatina," (*London Lancet*, vol. 2, 1869, page 702,) by Walter Fergus, M.D., Edin.

25. "A Contribution to the History of Scarlatina," (*London Lancet*, vol. 2, 1869, page 570,) by C. E. Prior, M.D., F.R.C.S.

26. "Scarlatina, with Hemorrhago," (*Ibid*, vol. 1, 1870, page 729,) by C. Lovegrove, M.D.

27. *Diseases of Children*, by Thomas Hiller, M.D., Lond., Phila., Lindsay & Blackiston, 1868.

28. "Carbolic Acid Oil in Scarlatina," (*London Lancet*, vol. 2, 1869, page 762,) by Fred Smith, M.D.

29. "Carbolic Acid Oil in Scarlatina," &c., (*Ibid*, vol. 2, 1869, page 830,) by David Gibb, M.D.

30. "The Therapeutic Value of Oil and Water in the treatment of Skin Diseases," (*The Practitioner* vol. 1, 1868, page 211,) by J. H. Bennett, M.D., F.R.S.E.



desire to carry is this, by anointing a person with any fatty preparation whatever, we cannot render him invulnerable in a conflict with the morbid principle of Scarlet Fever. He is just as susceptible and as likely to yield to the power of contagion as before; but, by smearing a patient already attacked, we may, to some extent, prevent the spread of the disease to other parties. And the theory on which this expectation is based, is plausible enough. We are told<sup>31</sup> that patients do not cease to be contagious until every particle of the natural foribites, (the epithelial scales,) has been removed. Dr. Gee<sup>32</sup> asserts that "under ordinary circumstances, these scales are all but permanently contagious,—which explains the tenacity with which the danger clings to materials of any but the closest texture. Uncovering a scarlet fever patient in the direct rays of the sun, a cloud of fine dust may be seen to rise from the body; contagious dust, which, no doubt, subsides into every crevice near the bed." Efficient inunction, intelligently pursued, retains in position, for the time being, not only the infectious excreta from the skin, but the minute particles of dislodged cuticle as well, which form the "contagious dust," of Dr. Gee,—to be removed, at regularly arranged periods, by the warm sponge or bath. There can be no doubt that the danger of communication is very much lessened by these alternate oilings and cleansings; and one can therefore readily credit the assertion that families, who rigidly carry out the treatment of a first case, are not very liable to have a second member prostrated. Indeed, I fully realized this fact in the thirty cases mentioned in my communication to the *London Lancet*.

To sum up then. The application of warm lard or other fatty substance to the surface of the body in Scarlatina is found to be "soothing," "comforting," even "exhilarating;" it assists in restoring a healthy action of the skin, and allays the pruritus from which so many patients suffer excessively; it affords the protection from atmospheric changes which an abnormally sensitive condition so much requires; it undoubtedly assists in the arrest of tissue waste; and, in conjunction with the water treatment, is valuable as a means of preventing the spread of the disease.

31. Reynolds's System of Medicine, vol. 1, page 333.

32. *Ibid*, page 334.

In the paper just closed, I have endeavoured to be as exhaustive of the subject as time, opportunity, and the limited space at my disposal, would admit of. I will be much pleased indeed if my somewhat hurried, and consequently imperfect effort, elicits corroborative testimony in favor of the external treatment advocated, from any of the subscribers to the *Canada Lancet*.\*

### FEMALE MEDICAL STUDENTS.

(From our Edinburgh Correspondent.)

As I believe at present, there is no college in Canada in which women are admitted to the study of medicine, it may interest some of your readers to hear a little about the female students of this city.

In the autumn of 1869 the Edinburgh University decided to admit women to the study of medicine, in separate classes, confined entirely to women, under certain conditions, as follows:

1. Women shall be admitted to the study of medicine in the University, in separate classes, confined entirely to women.
2. The professors of the University of the Faculty of Medicine shall for this purpose be permitted to have separate classes for women.
3. In the event of the number of women proposing to attend such classes being too small to provide a reasonable remuneration it shall be in the power of the professor to make arrangements for a higher fee, subject to the usual sanction of the University Court.

After this was passed through the University Court the ladies found great difficulty in obtaining the sanction of a number of the professors to attend their classes, the majority not being willing to give them separate lectures, so that although they had matriculated as students, they could not obtain a complete staff of lecturers. But they also would be obliged to attend a hospital, with the requisite number of beds. In this there was great difficulty, as the Royal Infirmary was the only recognised place. The male students attending the Infirmary then got up a petition, which was signed by upwards of three hundred of them, to this effect, viz: That female students of medicine

\* Errata in first portion: at page 194, sixth line from top, read "and" for "but;" and page 495, sixth line from bottom, read "ataxic" for "atoxic."

should not be admitted to the wards of that institution between the hours of 12 noon and 2 p.m., that being the time during which they attended, and received their clinical instruction. And although many meetings had been held for the purpose of discussing the propriety of admitting the ladies to the clinical teaching in the Royal Infirmary, and even after new managers were elected, they decided against their admission. It was at one of these meetings, when the above mentioned petition was brought before the managers, that Miss Jex-Blake spoke of the ungentlemanly conduct and foul language used towards them by an assistant of one of the professors during a disturbance which took place in November last, at the Surgeons' Hall, which has ultimately led to the recent action against her by that assistant for defamation of character, and of which I will hereafter take notice.

The plan of the ladies now was to try and get two hospitals, which together would make up the number of beds, and for this purpose they sought admission to Leith Hospital and Chalmer's Hospital. The former place however objected to the arrangement, and they next proposed to combine the Royal Hospital for Sick Children with Chalmer's, and both have thought it inexpedient to admit them, at least while the ladies have not yet a complete number of lecturers. The medical school of the College of Surgeons did admit them to the classes, (with the male students) but I have the best authority for stating that they intend to do so no longer. Even some lecturers who at first were strong supporters of the ladies are now opposed to them.

Many people of wealth and position are said to support their views, and the means at the disposal of the lady students is apparently great, as it is reported that it is their intention to erect or lease a building of a similar size, to accommodate a sufficient number of patients. As they will be unable next session to obtain instruction from the professors of the University or the College of Surgeons, their position is rather a difficult one. Subscribers to the Royal Infirmary who favour their admission, are in a rather curious manner, showing their dissatisfaction, if we may judge from some letters which appeared in the daily papers, stating that if the managers still refused to admit them, the subscriptions of these would be withdrawn, thinking, evidently, by so doing, that they would be obliged to admit them. On the other hand the subscribers, who are against the ladies, could use the same argument, but much more effectually, on account of their number.

The trial of Miss Jex-Blake took place last week. The Court-room was crowded, the number of ladies being quite as great if not greater than that of gentlemen present. Most of the female students were also there, numbering about a dozen. At a meeting of the managers of the Royal Infirmary, when the question of admitting ladies was discussed, Miss Jex-Blake said that Professor Christison's class-assistant was one of the leaders of the disturbance before mentioned, and had used foul language towards them, which could only be excused on the supposition that he was intoxicated. It was this speech of hers which led to the action, which occupied the Court for two days. Miss Jex-Blake did not make any apology, or withdraw any part of her statement.

Very many witnesses were examined on either side. The counsel for Miss Jex-Blake did not try to prove what she had said to be true, it was therefore taken for granted that she allowed it was false. The witnesses all having been examined, the jury retired for about an hour, when they unanimously agreed in rendering the verdict against the lady, and awarding the gentleman one farthing damages. This carries with it the expenses of the action, which amount, I believe, to about a thousand pounds.

F. R. S.

Edinburgh, June 7th, 1871.

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## CORRESPONDENCE.

(To the Editor of the *Canada Lancet*.)

DEAR SIR,—For the information of others as well as myself that are striving to attain to as high medical proficiency as possible, practically as well as theoretically, I would ask what are the privileges that should be accorded in the office of a medical practitioner to students that have attended one or more sessions at College, and also to those that have not yet attended College? I am sorry to say that it is too often the practice with medical men who have students under instruction, to make mere tools of them in place of instructing them practically as they should. The little instruction we receive in a doctor's office (except to do errands and keep the office clean) conveys to our minds the idea that they are afraid to make us acquainted with those valu-

able practical hints which they are in possession of, for fear that at some future time we may attain to a higher degree of proficiency in medicine than they are capable of attaining to themselves. At the College we receive the theory, and in a doctor's office we are supposed to acquire a practical knowledge of medicine. We may be ever so well up in theory, but what will it avail us if we know not how to use it to a practical purpose. Hoping, Mr. Editor, you will bear with me for wishing to have this and the information required occupy a space in the columns of your valuable journal,

I remain,

Yours respectfully,

MED. STUDENT.

June 21st, '71.

[It is a very difficult matter for us to say what privileges should be afforded students in the office of medical practitioners, as so much must necessarily depend on the arrangements made between the contracting parties. We think however as a general rule, that medical men who take students under their care should lose no opportunity of giving them information, both practically and theoretically, of such nature and extent as their practice will enable them. All medical men are not equally capable of imparting instruction, and some are exceedingly careless, therefore it behooves the medical student if he would consult his own interest, to be very careful in the selection of his preceptor.—Ed.]

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#### APPOINTMENTS.

Dr. Covernton, of Simcoe, President of the College of Physicians and Surgeons of Ontario, has been appointed to Dr. Bovell's chair on the Medical Staff of Trinity College, Toronto.

Dr. Kennedy, of Chatsworth, near Owen Sound, has been appointed to the chair of Anatomy in Victoria College, vacated by Dr. Mullin.

Dr. Barrick has been elected Treasurer of the Medical Faculty of Victoria College, in place of Dr. J. H. Sangster, late of the Normal School, who has resigned his position in Victoria College.

Dr. Pync, of Hagersville, has been appointed associate Coroner for the County of Haldimand.

Dr. W. S. Christoe, of Flesherton, has been appointed associate Coroner for the County of Grey.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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*For Communications selected 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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TORONTO, AUGUST 1, 1871.

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## THE NEW REMEDY FOR CANCER.

Cundurango, the new remedy for cancer, has, it is said, proved successful in all cases in which it has been tried. The demand for it has been so large that the supply in possession of the United States Government has been exhausted. It is the bark of a tree which grows in Peru and Equador, South America.

Dr. D. W. Bliss, of Washington, D. C., who has had the best opportunities for trying this remedy, says, in a letter to Dr. G. H. Bixby published in the *Gynecological Journal* for July, that the cases of carcinoma which he was treating with the Cundurango Bark were rapidly improving. Two were cancers of the breast, in both of which there were secondary deposits, one in the neck, shoulder and arm, the other axillary and submental. The secondary deposits subsided under treatment, and the mammae became soft and assumed their normal color and elasticity. In a case of carcinoma uteri *in extremis* the pain subsided, the discharge became less offensive and changed its character from a thin watery "pruno juice" discharge to a purulent and more healthy condition, the tongue cleaned, and became less red, appetite returned, painful micturition subsided and the patient really became convalescent.

The Dr. believes he is *not mistaken* in regard to the effects of this remedy, and at a later date writes that he has daily additional evidence of the reliability of the remedy in malignant diseases, and can safely risk his reputation upon

the result of its general use. From the reports of Dr. Bliss and others, there is much reason to hope that this remedy may prove an inestimable blessing to suffering humanity. It seems to have some specific effect upon cancer and syphilis and is worthy of a more extended trial. We will endeavour to obtain some of the Bark if we possibly can at an early date, and we will have abundant opportunities of testing its value under our own supervision.

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#### HONORS TO PROFESSOR CHRISTISON OF EDINBURGH.

At a meeting of the Senators of the University, a Bust of Prof. Christison was presented to that body, and a *replica* of the same to the members of Prof. Christison's family. A great number of his personal friends were present on the occasion, together with his colleagues and friends of the University. The list of contributors to the fund for the above purpose embraces the names of the entire body of the Senatus Academicus, almost every member of the University Court, and medical members of the University Council, and the members of the general Medical Council of Great Britain. The Bust was executed by Mr. Brodie, and is said to be an admirable likeness of the worthy Professor, and has the advantage of being executed while he is still in full vigour and vitality amongst them. His family was represented by only one of his sons. He has three sons: one in England, but unavoidably absent; another in India occupying a position somewhat similar to his father's in a medical college in Agra; the third—the youngest—was present at the presentation. This is the second bust of a living man now in the University. The former was the bust of His Royal Highness, the Duke of Edinburgh.

The *replica*, accompanied by the list of subscribers, was presented to Mr. John Christison—the youngest son—who was present on behalf of the family.

Prof. Christison has held a prominent place in the University for the long period of forty-nine years, during which he has filled two chairs in succession. His reputation is not confined to his academic honors. there are few branches of science or of

intellect in which his name is not honorably distinguished. He at present holds the proud position of President of the Royal Society. His services to the University with which he has been so long connected have not been over estimated. His example of manly virtue, his scientific calmness, his varied accomplishments, have not been without their influence on the moral, social, and intellectual well-being of those with whom he has come into contact, both as colleagues and pupils. His whole life has been characterized by all those qualities which make up a highminded gentleman.

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### ONTARIO COLLEGE OF PHARMACY.

The Pharmaceutical Society which has been in operation for some time past, was supplanted on the 1st ult. by the Ontario College of Pharmacy. At a meeting of the former society held prior to the organization of the new college the following appropriations were made to the retiring officers.—Corresponding Secretary \$100; Recording Secretary \$100, former Corresponding Secretary \$25. After the debts of the society were paid the sum of \$403,85 was handed over to the new organization. For the future a rigid supervision will be exercised over all who dispense drugs.

The first meeting of the examiners appointed by the council of the Ontario College of Pharmacy, will be held on the 2nd Inst., for the examination of candidates and granting certificates to act as Chemists and Druggists in the Province of Ontario.

We congratulate the College on the favorable auspices under which it has been inaugurated, and trust that it may have a long career of usefulness to the profession and the public.

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### QUACKERY.

The following advertisement clipped from the *Oshawa Vindicator* was sent us for publication in the *Lancet*. We most unhesitatingly comply with the request as we feel it our duty to expose such miserable quackery wherever we find it to exist, without respect to persons. We confess our surprise that Dr. Martin who is a practitioner of several years' standing should



adopt such a course of procedure. If he is half as talented as he represents himself to be there is no need of such tremendous puffing.—ED.

"Below we give further testimonials to the skill of Dr. Martin, of Port Perry. The doctor is proving very successful in his practice, especially in his specialities. The doctor's practice is not limited to Port Perry, but extends far and wide. Skill is appreciated and will obtain its reward.—*Oshawa Indicator*.

The inhabitants of this section of country have reason to congratulate themselves on the acquisition of a very important addition to their medical staff in the person of Dr. Martin, late of Lindsay, so well and favorably known as a most skilful and successful practitioner. There is certainly nothing more desirable in a community than a skilful faithful physieian. A wrong step, a blunder in any other profession or calling may be retrieved but in this it is fatal. The sickly patient delivers himself with child-like confidence (and he ought to do so) into the hands of his medical adviser and —under Providence—the future health and even life of the former depends upon the faithfulness and skill of the latter. "All that a man hath will he give for his life; consequently there can be no more important acquisition to a community than a thoroughly trained and skilful physician. Dr. Martin's record is a capital one.—*Ontario Observer*.

DR. MARTIN.—As will be seen by his card in another column, Dr. Martin has returned from New York laden with honors, and taken up his residence at Port Perry for the practice of his profession.—Besides being a graduate of a Canadian University, Dr. M. now appears before the public as a graduate of Bellevue Hospital Medical College, New York, of the Eye and Ear Infirmary, in general and orthopœdic surgery, and special graduate for diseases of the chest. The doctor's numerous friends in town and country will regret to learn that he has left Lindsay and will envy Port Perry the presence of one now better qualified than ever to treat successfully the various ills that "flesh is heir to." We have no doubt in Dr. M's. new sphere he will speedily be in possession of a large and lucrative practice, and would cordially recommend him to any of our friends in Port Perry who may require the services of a thoroughly qualified medical adviser.—*Lindsay Post*.

A VALUABLE REPUTATION.—To no other class of the community is a professional reputation of so much importance as it is to the medical practitioner, and in no profession is there as great a difficulty in building up a sound professional reputation as there is in the medical profession. The reputation of a medical man cannot be the result of accident, it can only be secured by perseverance, intelligence and skill. It is, however, a something

worth contending for, not so much for the peculiar advantages, which it secures to the practitioner, as for the general good of the community amongst whom he resides. A physician who has won his spurs, who has succeeded through a long and successful career in thoroughly establishing his reputation, is justly regarded as one of the chief blessings and most important requisites to a prosperous community. For a patient to have full confidence in the reliability of his medical adviser is half the battle. When we know that we are in the hands of one thoroughly up in his profession we give ourselves unreservedly into his hands and unhesitatingly allow him to steer us through the intricacies and dangers of the disease. On the other hand, should we fall into the hands of an unskilful or even doubtful guide, we follow his advice with the worst possible grace—shutting our eyes and opening our mouths, and follow our own whims, or those of some one else, with about as much confidence as we do that of our medical adviser, until we have ruined our constitutions if not sacrificed our lives. When the wheels of life begin to clog, or the harp of a thousand strings gets out of tune, no greater comfort can be afforded the suffering than the knowledge of the fact that a skilful physician is at hand. We are not at all surprised that the several communities amongst whom Dr. Martin has practised his profession should congratulate the community in and around Port Perry on their good fortune in having him locate among them."—*Ontario Observer*.

DR. MARTIN.—The advent of this gentleman to Port Perry, who is already securing a large and lucrative practice, has been the subject of considerable comment by the press of this County. The following quotations in addition to those already given, are highly flattering, and withal no more than 'honor to whom honor is due.' Our readers will not be slow to recognize real merit, and to profit by its advantages. A word to the wise is sufficient.—*Port Perry Standard*.

We would call the attention of our readers to the card of Dr. Martin of Port Perry, which appears in this issue. The Doctor's reputation as a skilful and successful practitioner is so well known throughout all this section of country that he requires no special recommendation from us. For fifteen years and upwards, first in Manilla and latterly at Lindsay, Dr. Martin has conducted one of the most extensive and successful practices ever conducted in this section of country. His opportunities of acquiring a thorough knowledge of his profession have been the very best. Besides undergoing a complete course of training in Canada he spent two years during the war as acting surgeon in the American army, and he has just now returned from New York, where he has been spending the winter at Bellevue Hospital Medical College, and other institutions, so as to be fully up to the times in the scientific treatment of disease. We anticipate for the doctor a successful career in Port Perry.—*Cannington Gleaner*.

**BOARDING AND DAY SCHOOL.**

We have been requested to state that Mrs. Dr. Rolph (widow of the late Hon. Dr. Rolph) purposes opening a boarding and day school in Toronto, and will be glad to receive a limited number of young ladies as pupils.

Competent English governesses have been carefully selected, and the attendance of the best masters will be secured.

The first term will commence on Tuesday, the 5th of Sept., 1871. For Circular and particulars address Box 1368, Toronto.

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We regret to announce the death of Ugie R. G. Buchanan, M.D. of this city, from Inflammation of the Lungs. He died on the 11th June, after a short but severe illness. Dr. Buchanan was a graduate of Victoria College, (1867), and has since practiced medicine in this city with considerable success. His funeral took place on the 13th June, and was largely attended. He also leaves a young wife and child to mourn his untimely loss.

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**BOOK NOTICES.**

A Treatise on the Diseases of Infancy and Childhood, by Thos. Hawkes Tanner, M.D., F.L.S., author of *Practice of Medicine, &c.* Third American from the last London Edition revised and enlarged. Philadelphia. Lindsay & Blakiston. Toronto. Copp, Clark & Co. Price \$3.50.

The present edition of this popular work has been enlarged to 550 pages, by the addition of much new and valuable matter. The work of revision and enlargement has been entrusted to Alfred Meadows, M.D., London and the care and attention which he has bestowed upon it greatly enhances the value of the book as a work of reference. Some very important changes have been made in the arrangement of subjects, and the appendix of formulae has been enlarged and re-arranged. The revisor lays great stress upon the particular Diatheses of Children, and the importance of its bearing in regard to Therapeutics and treatment.

This work fairly represents the present state of our knowledge of this department of medicine, and should be in the hands of every reading physician in the country.

## BOOKS AND PAMPHLETS RECEIVED.

The report of the medical superintendent of the Rockwood Lunatic Asylum has come to hand. It is a very able report and contains much valuable statistical and other information.

The Medical Superintendent, Dr. Dickson, strongly advises the separation of the asylum from the penitentiary with which it has been so long connected, and 'it is exceedingly desirable that this should be done as early as possible. It is a very great mistake, this mingling of insane convicts with the non-criminal class.

The Dr. refers to the defective state of the heating apparatus, and recommends an improvement in this respect. He also complains of the imperfect ventilation of the building, and insists upon the carrying out of a plan submitted by him in his last annual report which, he feels confident, would obviate the difficulty.

A comparative statement is given of the annual cost of maintenance of each patient in the different asylums of the Province, which is as follows:—

Provincial Asylum, Toronto.....	\$200 00
London Asylum.....	167 69
Rockwood Asylum.....	143 00

With regard to the subject of amusements for the insane, which is considered so valuable in the treatment of this class of patients, he states that sacred music is the only entertainment he has been able to afford them. This is really an important matter and should have the immediate attention of the Commissioners.

We have also received the 13th Annual Report of the Medical Superintendent of the Provincial Hospital, Halifax. The most pressing want in regard to this valuable institution is, according to the report of Dr. De Wolf, the Medical superintendent, the want of room, and he strongly urges the immediate completion of the Hospital.

The patients appear to have been well treated in the way of sleigh drives, steamboat excursions, theatricals, concerts, &c., and the heart of many a poor soul gladdened. Most managers bear testimony to the good effects of such kindness in the treatment and management of insane patients.

The Dr. also expresses his thanks for the kindness of the Commissioners in giving him leave of absence to attend the convention of Superintendents of Insane Asylums at Hartford, Conn., and also for permission to accept a professorship in Dalhousie Medical College.

The report is carefully prepared and contains a large amount of useful information to those interested.

## Professor Croft's Report.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used, and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more artistic of fashion and luxury, have not been included in this table as their number would make it too cumbersome for easy reference.

QUETTON ST. GEORGE & CO.,  
Wine Merchants,  
34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of your importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Esenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masden and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masden has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.	Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.		
Roussillon Vin Rouge .. .. \$1.00 per gal.	1.012	12.17	7.50	0.50	468		
Roussillon Port, No. 1 . . . . 2.00 "	1.018	14.84	9.10	0.80	435		
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Yours truly,

HENRY CROFT.

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INDEX TO VOL. III.

	PAGE
Abdomen, Wound of, by Dr. Middleton .....	258
Abdominal Supporters, Mrs. Pearson's .....	294
Abraders, Clinac on, by Dr. Skey .....	105
Abscess near Retina, by Dr. Coburn .....	253
Addison's Disease .....	412
Address, Students', to Mrs. Rolph .....	111
Advertisers, Notice to .....	435
Anaesthesia by Compression of Vagus .....	161
Anaesthesia, Dr. Hughie Bennett on .....	169
Anus, Pruritus of .....	20
Antiseptic, New .....	241
American Association of Superintendents Lunatic Asylums, Meeting of .....	484
Appointments .....	488 534
Bishop's College Medical School .....	371
Bladder, Stone in, Dr. Canniff .....	324
Blind Diagnosis .....	168
Book Notices—	
Renal Diseases, Basham .....	112
Obstetrics, Byford .....	147
Lay Sermons, Huxley .....	148
Physiology, Fulton .....	199
Venereal Diseases, Burnstead .....	199
Epilepsy, Echeverria .....	247
Spermatocyst, Bartholow .....	248
Practical Anatomy, Heath .....	248
Wasting Diseases of Children, Smith .....	253
Medical and Surgical Reports	
Boston City Hospital .....	348
Change of Life, Tilt .....	399
Disease of Spine and Nerves .....	399
Disease of Uterus, Byford .....	400
Insanity and its Treatment, Blandford .....	447
Diseases of Children, by Tanner .....	510
Books and Pamphlets Received .....	541
Brains, Weight of .....	174
British Medical Bill .....	187
Calculus in Urethra, Impacted .....	4
Calculus in Urethra, Impacted, by Dr. Constantinides .....	179
"Canada Lancet," Prospectus of .....	30
Canadians in England .....	371
Cancer, New Remedy for .....	535
Carbuncles, Treatment of .....	10 110
Carlos, and Removal of Inferior Maxilla, Dr. Preston, Newboro' .....	522
Catheter, Male, in Female Bladder .....	135
Cataract, Linear Extraction of .....	50
Cataract, New Remedy for .....	173
Chancre, Treatment of .....	240
Chalk Mixture, Improved Formula .....	49
Chloroform & Ether .....	16
Chloral Hydrate .....	55
Chloral Hydrate, Action of .....	92
Chloral Poisoning from .....	127
Chloroform .....	241
Chloral in Puerperal Convulsions, by Dr. Geikie .....	251
Chloral Hydrate, by Dr. Walsley .....	351
Circulation of "Lancet," Increase of .....	59
Clinical Instruction .....	62
Cod Liver Oil, Properties of .....	87
Cold, How to Cure .....	17
College of Physicians and Surgeons of Ontario .....	89
Colechicum, Poisoning by, Dr. Garner .....	307
Colechicum, Therapeutic Action .....	313
College of Physicians and Surgeons of Ontario, Examinations .....	373
Annual Meeting .....	449
President's Address .....	451
Report on Rules and Regulations .....	463
Report on Finance .....	466
Report on Registration .....	466
Report on Education .....	476
Examiners Appointed, 1872 .....	480
Compound Fractures .....	23
Constipation, Therapeutics of .....	102
Conservative Surgery .....	133
Consultation Fees .....	139
Contemplated Medical Act .....	368 431
Consumption, Nature of, Dr. Hall .....	414
Consumption, Treatment of, do. .....	499
Contributors, Notice to .....	488
Correspondence—	
Medicus .....	144
H. J. Saunders, M.D., M.R.C.S., Kingston .....	183
D. L. Walsley, M.D., Elmira .....	184
Medicus .....	209
J. H. Garner, M.D., Lucknow .....	268
H. Bigham, M.D., Fenelon Falls .....	269
William Oldright, A.B., M.B., Toronto .....	295
Dr. Derragh, Columbus .....	330
Dr. Carson, Whitby .....	331
Dr. Aylwin, Onslow .....	333
Omicron .....	363
Subscriber .....	364
Dr. Williams, Chatham .....	365
Dr. Pousette, Sarnia .....	367
Practitioner .....	422
A. Eby, M.B. .....	423
William Canniff, M.D., M.R.C.S., Eng .....	425
Case in Practice .....	426

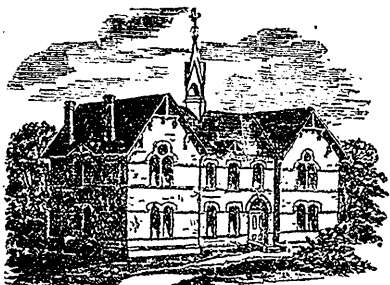
INDEX TO VOL. III.

	Page		Page
M.D. ....	192	Hydrocele in a Female.....	176
Female Medical Students .....	531	Hydrocele, Cure of by Seton, Dr. Dupuis, Odessa .....	514
Medical Student .....	533	Infantile Diseases, Quinine in.....	53
Courtesies of the Press .....	371	Injection: Hypodermic .....	210
Dalhousie Medical College, Halifax ..	61	Inverted Uterus, by Dr. Covernton ..	401
Dollrium Tremens, Treatment of ..	44	Ipsacae. in Dysentery, Dr. Jones ...	266
Delirium Tremens, Capsicum in, by Dr. Christoo .....	75	Items .....	57 110 112 194 215
Diarrhoea of Children, Diet in ..	41	Journal, Progress of .....	29
Diarrhoea, Raw Meat in .....	62	Kidney, Removal of .....	433
Digital Compression .....	21	Knee and Ankle, Amputation of... ..	28
Diphtheritis, Dr. Christoo.....	206	Laceration of Perineum, Treatment ..	45
Diphtheria, Cauterization in.....	412	"Lancet," Increase in Size ...	115 186
Disease, Hygienic Treatment of ..	272	Lead Adulteration.....	459
Disinfection, New Method .....	397	Lead Poisoning, Antidote for.....	46
Disinfectants .....	411	Life Controlled by Two Antagonistic Principles of Innervation, Dr. Freel .....	299
Doctors, An Army of .....	231	Lithotripsy, Dr. Bonumont .....	35
Domestic Latrine .....	90	Lithotomy, Medio-bilateral .....	39
Dr. Simpson's Death, Cause of ..	235	Malformation, Hereditary, A. Eby, M.B. ....	115
Eczema, Chronic .....	133	Malaria, Nature of.....	52
Embryotomy by Wino-Erasear ..	225	Malpractice, Suits for.....	191
Epilepsy, Treatment of .....	149	Malformation, Curious ..	206
Epilepsy, Pathology of.....	217	Malpractice, Alleged Case of.....	280
Ether <i>vs.</i> Chloroform .....	16	Matriculation Examinations.....	196
Ether, Death from .....	424	Matriculation Examinations, Col- lege of Physicians and Surgeons of Ontario .....	491
Ethics of Consultations .....	216	Matriculation, Toronto University ..	60
Ether, Death from, in Boston.....	396	Matriculation, Victoria University ..	61
External Organs of Generation ..		Medical Schools, Toronto .....	32
Absence of, Dr. Constantinides ..	77	Medical Association, Notice of.....	32
Eye and Ear Infirmary, Toronto.....	274	Medical Council, Ontario .....	34
Fecundation, Artificial .....	46	Medical Association, Report of Meeting .....	65
Fever, Precautions in.....	258	Medical Alumni Association.....	60
Fistula in Ano.....	384	Medical Ethics.....	83
Fluxion as a Haemostatic .....	122	Medical and Surgical Society of Hamilton .....	85
Food, Condensed .....	136	Medical Societies.....	116
Foreign Body in the Chest .....	14	Medical Men and Lawyers, Differ- ences of Opinion .....	175
Fetus Extracted by Lithotomy ..	20	Medical Council Examinations .....	195
Fractures, Compound .....	23	Medical Students, Female .....	212
Fracture, Compound Comminuted, of Leg .....	159	Medical Council, Rules and Regu- lations of.....	215
Fractures, Bed Making in.....	339	Medical Mutual Improvement So- ciety, St. Catharines .....	314
Fracture of Skull, Compound ..	382	Medical Colleges, Amalgamation ..	269
Fruit, Supported Noxious Effect of.	125	Medical Representation in Parlia- ment .....	334
Funis, Proapsed Treatment of .....	25	Medical School, New, Montreal.....	337
Gonorrhoea and Chancro .....	125	Medical Council, Time of Meeting ..	340
Gums, Lancing of .....	150	Do. do. do. do. ....	454
Hare-lip, Double, Operation for ..	40	Medical Profession, Meeting of, in Toronto .....	341
Haemorrhage, New Mode of Con- trolling.....	170	Medical Mutual Improvement So- ciety .....	356 406 520
Haemorrhage, Post Partum, by Dr. Penwarden .....	203	Medical Act, Defects in .....	136
Haemorrhage in the Lungs from In- juries to Base of Brain.....	394	Medical Council (Ed.).....	489
Heart, Sign in Diseases of.....	175	Menstruation, Vicarious .....	54
Hernia, Radical Cure of .....	19	Methylic Ether .....	22
Hernia, Inguinal, Dr. McGoachy... ..	79		
Honors to Dr. Hodder .....	340		
Honors to Mr. Marsden .....	61		
Honors to Prof. Christison.....	536		
Hospital Reports, Toronto... ..	37 63 145		
	196 245 289 342		
Hunter <i>vs.</i> Ogden, Case .....	335		
Hydrocele, Treatment of by Warm Water .....	112		

INDEX TO VOL. III.

	PAGE		PAGE
Methylene-bichlor., Death from.....	151	Skin Grafting.....	152 214
Milk, Iodized.....	129	Small Pox, New Treatment of.....	437
Milk Diet in Bright's Disease, Diabetes, &c.....	236	Small Pox, Confluent, Treatment.....	12
Medical Mutual Improvement Society, St. Catharines, Abstract of Minutes.....	259	Social Evil.....	271
Mineral Springs, Alpena.....	448	Soda Sulphate in Tinea.....	104
Muddy Water, Clearing of.....	91	Sponaneous Amputation, Dr. Dupuis.....	354
McGill College Examinations.....	328	Staphyloma, by Dr. Dole.....	202
Needle, New, for Ruptured Perineum.....	285	Stereococcus Eusnatios a Cause of Disease.....	172
Notes from Practice.....	43	Stethoscope, New.....	234
Notice to Subscribers.....	447	Stomach Pump, Substitute for.....	9
Oesophagotomy, Operation of.....	1	Stone in Bladder, Dr. Caniff.....	324
Obituary, Dr. King.....	31	St. Thomas' Hospital, London, Eng.....	336
Mrs. W. M. Punshon.....	71	Strike among Doctors.....	171
James Copland, M.D., F.R.S.....	71	Students' Address to Mrs. Rolph.....	111
Von Graefe.....	72	Subscribers Notice.....	213
Hon. Dr. Rolph.....	108	Sulphites in Malarial Diseases.....	359
Charles McKenzie Coverton.....	146	Superintendents of Lunatic Asylums, Meeting of.....	434
John Brown, M.D.....	340	Teaching, Didactic vs. Clinical.....	58
J. T. Farrell, M.D.....	341	Testimonial to Prof. Syme.....	189
Robert Edmondson, M.D.....	448	Tetanus, Traumatic, Dr. Loughead.....	205
G. D. Spooner, M.D.....	497	Thermometer, Axillary, Use of.....	31
Dr. Buchanan.....	540	Things not Generally known.....	48
Obstetrics, Progress of.....	386	Toe Nail, Treatment of Ingrowth of.....	243
Orange Peel, Poisonous Effects of.....	124	Toronto University.....	492
Original Papers.....	335	Toronto School of Medicine.....	86
Paragraphs.....	276 400	Transverse Presentations, by Dr. A. L. Fulton.....	113
Pericentitis, Report of, by Dr. Mahaffy.....	64	Trinity College.....	144
Perineum, Treatment of Laceration of.....	45	Trinity College, Medical Department.....	336
Pertussis, New Treatment of.....	413	Trinity College Examinations.....	330
Personal.....	491	Trinity College New Medical School.....	433-
Pessary, Removal from Bladder.....	222	Tumor, Intra-uterine, Removed.....	346
Pharmacy, College of, Ontario.....	537	Turpentine for Tape-worm.....	177
Placenta Previa.....	287	Twin Monsters.....	164
Poison Vending.....	190	Tympanitis, Treatment by Puncture.....	153
Polypus Uteri.....	155	Ulcers Treated by Transplantation.....	277
Polypus, Uterine, Operation for Removal, Dr. C. Corson.....	524	Urethra, Calculus Impacted in, by Dr. Constantinides.....	179
Practitioner, Country.....	233	Urine, Extravasation of.....	156
Princely Foes.....	492	Urinal, Night.....	239
Professional Changes.....	357	Urine, Measurement of Specific Gravity.....	384
Professional Etiquette.....	572	Uterus, Extirpation of.....	48
Public vs. Profession.....	118	Uterus and Vagina, Absence of, by Dr. U. Ogden.....	150
Quackery.....	537	Uterus, Distension from Excess of Liquor Anni, Dr. Gainer.....	262
Queen's College Examinations.....	340	Uterus, Tumors of, by Dr. Mack.....	408
Ranula, by Dr. Temple.....	201	Vaccination.....	428
Reviews and Notices of Books.....	73	Vaccination of Pregnant Women.....	437
Rheumatism, Acute, Treatment of.....	12	Varicose Veins, Obliteration of.....	178
Rheumatic Fever, Treatment of.....	100	Veneral Disease, Complicated.....	132
Rolph, Mrs.....	541	Victoria University, Opening of.....	81
Royal College of Surgeons, Eng.....	395	Victoria College Examinations.....	381
Salad Oil as a Remedy.....	33	Worm Lozenges, Poisoning by.....	7
Scapula, Excision of.....	166	Worm Fever, by Dr. Darragh.....	152
Scarlatina, Prophylaxis of.....	11	Worm Fever, by A. Agnew.....	256
Scarlet Fever, Treatment of.....	446	Wrist, Dislocation of.....	120
Scarlatina, External Treatment of, by Dr. Muir.....	493		
Serious Charge.....	121		
Shoulder Presentation, Dr. Wright.....	362		





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(INCORPORATED BY ROYAL CHARTER.)

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Lectures will commence on the 2nd of October, and continue for six months. Lectures on Clinical Medicine, Surgery and Obstetrics, will be delivered by members of the staff, at the Toronto General and Lying-in-Hospitals.

For further information, apply to

E. M. HODDER, DEAN,  
Or to WALTER B. GEIKIE, Sect'y., or any member of the Faculty.