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

Vol. IX
No. 7.

TORONTO, MARCH 1, 1877.

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CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, *uniá*, *india*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and *no external agents*.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."
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F. A. GENTH, Prof. of Chemistry and Mineralogy.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."
LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.
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S. P. SHARPLES, State Assayer of Mass.

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3d. It is *less costly*; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of *Quinine*.

4th. It meets indications not met by that Salt.

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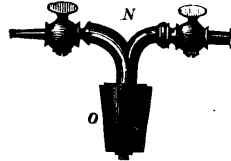
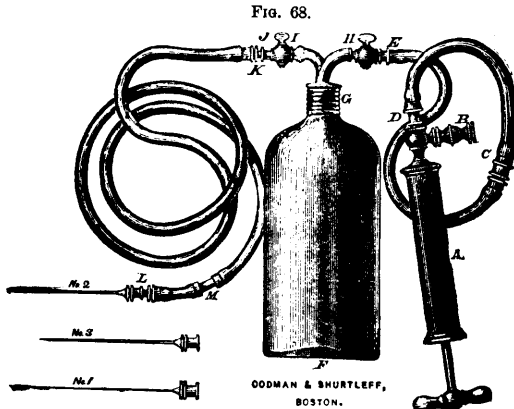


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WILLIAM H. BAKER, M.D., in Diseases of Women.
CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.
SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

PERSONS who hold no degree in arts or science must hereafter pass an *examination for admission* to this School in Latin in the elements of Physics, and in English. French or German will be accepted instead of Latin. The admission examination will be held in June both at Boston and Cincinnati, in Sept. at Boston only. Instruction is given by lectures recitations, clinical teaching and practical exercises, distributed throughout the academic year. The year begins Sept. 27 1877, and ends on the last Wednesday in June, 1878; it is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

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For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology and general Chemistry.

" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 24th.

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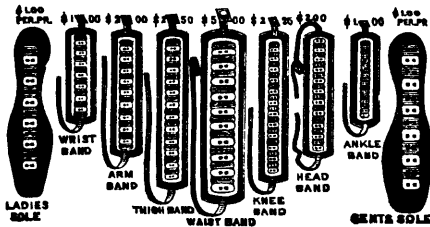
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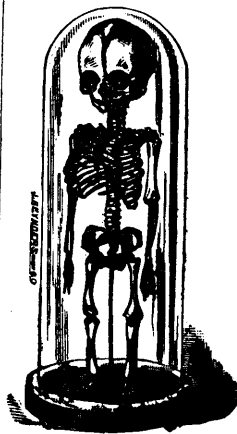
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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, MARCH 1ST, 1877. No. 7.

Original Communications.

GANGRENE FOLLOWING THE EXTERNAL USE OF CARBOLIC ACID.

BY J. D. KELLOCK, M.D., PERTH, ONT.

Having been called upon to amputate two fingers on account of their complete destruction, following the use of carbolic acid as a lotion, I propose to call attention to the subject, more especially as the acid was, in each case, used under the directions of a physician, somewhat loosely given. It will often be noticed, that when any agent, especially some new remedy attains a celebrity and forms the subject of much commendation and discussion in the medical world, that the newspapers copy reports of its wonderful properties, and no matter how potent the agent may be, ere long it is duly installed into the domestic medicamenta. In this way bromide of potassium, chloral hydrate, carbolic acid, and other new remedies have come to be popularly prescribed by every wise old woman and amateur doctor, male or female. The patent medicine men also, who are ever on the lookout for something new, seize on these potent remedies, and stealing some physician's prescription, set to work at once to compound and give to the world, the wonderful cure-all calling it some high sounding name, and be its active principle arsenic, strychnia, phosphorus, or bromine, it matters not, the thing takes for a time and is swallowed wholesale.

Since carbolic acid has attained such a notoriety chiefly under Prof. Lister's antiseptic treatment, it has come to be looked upon as a remedy for all solutions of continuity in skin muscle and bone, and for disinfectant purposes may be found in many houses.

My object however is to give some illustrations

of its destructive powers when incautiously used. About six years ago a gentleman brought his daughter aged nine years, some twenty miles, to consult me about an injury which she had sustained in one of her fingers. Whilst playing with a straw-cutter along with other children, the finger had passed between two cog-wheels, bruising the soft parts and bone down to the first joint. The medical man who was called in to dress the wound, applied to it some strong carbolic acid, and wrapped up the injured part in a rag. On removing the dressing in a day or two the whole finger was completely blackened and withered, in fact dead. Annoyed at such an unlooked for result, the child was brought to me and under the rhigolene spray the finger was removed.

A lady who undertook to decapitate a chicken preparatory to making some fowl soup for an invalid husband, unfortunately missed her aim and very nearly severed the top of her left middle finger. The doctor who was in attendance on her husband, directed carbolic acid lotion to be applied. A quantity of the acid having by the "rule of thumb" been poured into half a teacupful of water formed the wash saturated with which a rag was bound round the injured finger. Next day on removing this dressing the parts which it had enveloped presented a bleached appearance, they were also numb and painless. This was very soon followed by a blackening of the skin and a shrivelling of the whole finger. When I saw the finger five weeks afterwards, the line of demarcation was complete, nature's process of amputation slowly going on near the base of the finger. I accordingly anticipated this process by the knife and forceps, removing the mortified portion. No doubt similar cases have been met with by others in practice. They certainly ought to serve as a lesson to guard against the incautious use of a valuable agent, for apart from the disfigurement, especially in the case of a lady, the pain and annoyance, the loss of even a finger is by no means a slight one.

The caustic and local anæsthetic properties of carbolic acid, may however be turned to practical account in the practice of surgery, such as in operations about the rectum, the skin, opening whitlows, abscesses, and probably for the destruction of nævi and small tumors.

ON THE TREATMENT OF DIPHTHERIA.

BY J. S. BENSON, M. R. C. S., ENG., CHATHAM, N. B.

Having seen Dr. Cluness's remarks respecting the treatment of diphtheria at Sacramento, I was reminded of two cases which came under my notice in October last, and the memorandum having been kept by me, of both cases, they being the most severe I have seen for thirteen years, I considered a description well worthy of publication, if only to show the value of the chlorine water treatment.

The following is as brief as I can make it:—I. S. æt. 8 was seized on the 28th or 29th September with headache, lassitude, feverishness, and pains in his limbs and back. An aperient was administered which did not relieve these symptoms, and on the 2nd of October he complained *first* of his throat.

I was summoned on the 5th and found him lying in bed with his mouth partially open and inability to close it, apparently, from some internal mechanical obstruction. His countenance was anxious, skin around his eyes and mouth of a dusky hue, pulse 166 small and feeble, submaxillary glands very hard and swollen, and so œdematous was his neck that the surface of the skin was completely level from the lower edge of lower jaw to a point corresponding to the junction of the middle with the lower third of the sternum and transversely extending to the outer end of each clavicle. He was unable to swallow food without the greatest difficulty. The skin was hot; not having any thermometer in my pocket I cannot give the exact temperature. On opening his mouth the smell was very unpleasant; tongue much coated, brown, and very dry. A large mass of adventitious membrane, of a yellowish gray color occupied the whole space between the tongue, and hard palate, and extending to the gums all round. This mass was quite movable, and the handle of a teaspoon could be easily passed between the mass itself and the palate and all around in every direction as far back as the soft palate, showing that this membrane must have originated at the palatine arch and extended forward, forming no new attachment in its progress. After examining the case carefully I gave the parents no hopes whatever of recovery, thinking that of course *impossible*.

I ordered him to take as much beef tea, milk, and cream as possible, and one tablespoonful of port wine every two hours. The windows were raised to afford a free current of air through the apartment. A cold towel was then applied to his neck, and three teaspoonfuls of chlorine water administered every two hours. From this time immediate improvement commenced, and on the 15th, mark, in ten days from the time treatment was commenced, the throat and mouth were entirely free from deposit, and presented a natural appearance, the tongue was quite clean, the external œdema had completely subsided and appetite returned, in fact complete convalescence was established.

About this time the disease attacked his brother—two years younger, with nearly equal severity. He was treated precisely in a similar manner, as well as a third case in an *adult* in the same house, and all recovered with remarkable rapidity.

I have had a great number of cases under my care lately, all treated in a similar way with equal success, but none so severe as these. I use no local application any further than instructing my patients to retain each dose of medicine in contact with the diseased surface a moment or two before swallowing.

I have not exaggerated these cases in the least and have merely asked publication to show what chlorine will do alone. Dr. Kitchen stated in a former issue of your paper, that the only case he lost out of fifty, was treated by chlorine. This I cannot understand, if the mixture is made in the same manner as we do here.

I saw a letter from a medical gentleman living on the other side of this Province, addressed to my brother Dr. J. B. Benson, in which he said that the majority of his diphtheria patients died until he commenced using the chlorine water in accordance with his advice, after which he had ten cases of which only one died, and that was the only one which did not take the medicine.

My friend Dr. Baxter, of this town, told me the other day he had treated two cases lately with chlorine water and the recovery was very rapid indeed. How is it then that the medicine will not produce like results in the hands of others? I will not go further to discuss the pathology than merely state as my opinion that the day will come when all will agree that diphtheria is a purely constitu-

tional disease, manifesting itself locally, just as much as small-pox, measles, and scarlet fever are, characterizing themselves on the cutaneous surface.

Correspondence.

THE EFFECT OF SMOKING.

To the Editor of the CANADA LANCET.

SIR,—

Your valuable Journal for February has just reached me, and I have pleasure in complimenting you on its improved appearance. In glancing over its "contents," I was attracted by your article on the "effect of smoking," and having been a smoker and chewer of the "weed" for the past thirty-five years, I felt personally as well as professionally interested. I do not wish in any way to advocate its general use, as it is, at *least*, an unpleasant habit, and its excessive use, or rather abuse, I believe to be very injurious, and am prepared to admit that the abuse is as widespread as civilization, but I think many use it in moderation without any evil result, either mentally, morally, or physically. I have tried its effects on myself, by quitting it entirely for intervals of a year and longer, at three different times, with an effect so slight, if any, that I have not been able to notice any difference in my feelings. My limited experience, however, is not the point I wish to bring out prominently, but the fact that, in my opinion, writers who oppose the use of tobacco (if it have any), generally assail the habit too strongly, often dwarfing greater evils by unjust comparisons with it, and while your article does not directly do so, pardon me for saying I think it does by implication, from the quotations you use so approvingly. Having for some time wielded an editorial quill, I am quite aware of the disadvantage of discussing any subject with an editor in his own paper; but as my object is not discussion, being simply a desire to contribute my mite to assist in placing the subject in the grade to which it properly belongs, I thought you might possibly give me space for an article, written on the unpopular side of an unpopular subject.

You quote from Dr. Paddock, "In no instance is the sin of the father more strikingly visited upon the children, than the sin of tobacco smoking." Now is not this begging the question? because it

would be highly proper first to prove that smoking *per se*, is a *sin* at all. In an excellent compend of theology I find sin to be defined as "Any want of conformity to, or violation of the law of God." Taking this definition then as a standard of judgment, and I cannot think of a better, I must emphatically deny that smoking *is* a sin, and I certainly do not see any evidence of moral obliquity, in the smoke from my cigar, which occasionally obscures the page on which I am writing, nor do I think the quotation any nearer to the truth, physiologically than morally, as I purpose showing in another part of this paper. Mr. Solly says, "I know of no single vice which does so much harm as smoking. I *suspect* smoking tobacco to be one of the causes of that increase," (of paralysis). The first part is similar to that which I have just criticised; the latter part can scarcely be said to be a model of strong reasoning or proof, as his only conclusion is, "*I suspect*" it to be "one of the causes." Dr. Munroe says, "Cancerous sores of the lips, syphilitic affections of the throat and lips, ——— are results only met with but too frequently," from the use of tobacco; I presume by its connection. I find I am quite behind the age, as I was of opinion, until a few minutes ago, that the disease cancer was an aggregation, or deposit, and development of a certain cell, known as cancer cell, origin of which is unknown, except as hereditary, and that syphilis was a specific poison in the system obtained either hereditarily, or by actual contact with a person infected. Am I now to believe that the use or abuse of tobacco will create either or both of these specific causes? If such faith shall be required of me, I shall need more proof than the *ipse dixit* of Dr. Munroe, else I fear I will still retain the old theories.

Your allusion to John Lizar's work I entirely endorse, and regard as excellent many of his statements, and admire his style of writing; yet I think the work was intended to be a *popular* treatise, not *sufficiently exact* to be considered a strictly scientific work, as a careful perusal will, I think, convince anyone that many of his conclusions must be taken *cum grano salis*, as a few excerpts will prove. (I use Lindsay & Blakiston's reprint from the 8th Edinburgh edition, 1873). On page 17 he says, "We have thus in tobacco two poisons, rather a remarkable fact in organic chemistry, when we find, generally, only one." Did he forget opium,

with its morphia, codeia, narcotine, &c. : nux vomica, with its strychnia and brucia, &c., &c. I think any chemist will consider the most "remarkable" part of the quotation to consist in the statement that the presence of *two* alkaloids in a vegetable is remarkable, and on page 25 we are treated to some more of the remarkable. "A remarkable change occurs to the excessive smoker when he labours under influenza or fever, as he then not only loses all relish for the pipe or cigar, but even actually loathes them—" It is remarkable since, from the same causes, roast beef, and honey are often held in equal dis-relish. On pages 41 and 42, "Excessive smoking has had no small share in the degeneration of Spain, and never were men sunk in such idleness, ignorance and apathy. I am sorry to add that the Portuguese were in the same degraded condition. Germany is said to be as immersed in tobacco as Spain." Unfortunately for the author, the late Franco-German war fails to demonstrate the deplorable "idleness, indolence and apathy" of the Germans. Probably had that war occurred before the book was written, the reference to Germany would not have appeared, which, however, does not affect the "logic of events," but that can hardly be said of the "logic" of the work under review. On page 61, "A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking form thereof, nearest resembling the horrible stygian smoke of the pit that is bottomless." I have never been near enough to that pit to be able to judge accurately as to the justice of the comparison—a very fine rhetorical flourish—not quite so commendable as a specimen of logic. As I find my paper much longer already than I intended, I will give you but one more quotation, although I have in mind more than I have used, equally unsatisfactory, if regarded as proofs, or conclusive reasonings. On page 56, "The circumstance which induced Amaurath the Fourth to be so strict in punishing tobacco smokers, was the dread which he entertained of the population being thereby diminished, from the antiphrodisiac property which he supposed tobacco to possess." There are perhaps in the world no more inveterate smokers than the Irish peasantry of both sexes, and yet their children cannot be said to be "few and far between." The few quotations I have given from Lizars' work, I have taken at random

from my marginal notes, written there years ago, when I read the book; sufficient, I think, however, to show that the brochure (as the author styles it) is not sufficiently accurate to be considered a scientific authority; but as a popular treatise it "should be read by every medical man." I intended to offer arguments proving that as "sins" and "evils," drunkenness, opium smoking and eating (the latter a terribly growing evil, even now, of vast dimensions in this country) and debauchery with syphilis, were "sins" and "evils," far greater than smoking and chewing tobacco, in any and every sense, morally, mentally and physically. But I find my paper already so long that, for the present, I will content myself with having named those evils, but will be happy to furnish evidence at some future time, should it be required; meanwhile, assuming that the "sins" and "vices" actually occupy relatively the positions I have named, are not those terrible vices I have mentioned, by such statements and implied comparisons as those of Drs. Paddock and Solly, shorn of their gigantic proportions, and made to appear much less enormous than they really are, and as a legitimate conclusion, if the use of tobacco is the worse "sin" and "evil," then debauchery, drunkenness, and opium eating must be lesser evils, and, to be consistent, Drs. Paddock and Solly would advise a young man to indulge in any of them, rather than that he should smoke a pipe or cigar, which appears to me a *reductio ad absurdum*.

Yours very truly,

T. R. BUCKHAM.

Flint, Mich., Feb. 4th, 1877.

REMOVAL OF URINARY CALCULI.

(To the Editor of the CANADA LANCET)

SIR,—I was called about three months ago to see a man suffering intense pain, the effect of retention of urine, from blocking up of the neck of the bladder by urinary calculi. He had an attack of "gravel" some ten years ago; the cause, he informed me, was ascertained by the then attending surgeon, to be owing to a "stone" passing to within an inch of the end of the penis and obstructing the flow of urine, necessitating relief in some way.

The surgeon made an opening into the urethra

under the penis nearly two inches from the meatus of the urethra; this having remained open since that operation, an exit for the urine.

At the time I was called to attend this man he had within the previous twelve hours passed fifteen small calculi. I attempted to extract one through the small opening but only succeeded in removing some small fragments. I then took a silver catheter, entered the opening, forced back the calculus, and drew off a large quantity of urine, to the great relief of the patient.

I now took a grooved director, passed it into the urethra, and cut down on the calculi that had again been forced into the urethra by the contraction of the bladder in expelling the urine, and with an ordinary dressing forceps extracted some ten or twelve calculi, varying in size from that of a large grain of wheat to that of a "horse bean." The man felt very much relieved, progressed favorably, and in a few days attended to his usual avocation, a farm servant. I wanted him to allow me to close the artificial opening and open the passage nature intended for him, which he agreed to have performed at some future date "when time and means would permit."

Yours, &c.,

A. ARMSTRONG, M.D.

Arnprior, Jan. 27th, 1877.

THE QUEBEC MEDICAL BILL.

To the Editor of the CANADA LANCET.

SIR,—I have always read the CANADA LANCET with pleasure, and must confess that I have, on more occasions than one, derived instruction from it; but now I have to take exception to your editorial on Campbell's letter anent "The Quebec Medical Bill."

You may recollect the reason the proposed Medical Bill for the Dominion which occupied the time and attention of the Canadian Medical Society for three years had to be dropped—was because it contained a clause for the establishment of a General Board of Examiners for the Dominion. Now, after years of hard work we have persuaded the French school to accede to our views to have our degrees only honorary, and not entitled to the *ad practicandum*—and we were led to believe that the University

of Laval had agreed to the same until the Committee of our Local House met, and Laval—not through or by a medical man, but by its Rector, the Rev. Mr. Hamel, decidedly refused to give up its rights, so we were floored, and although to you "it may appear somewhat singular that the representatives of *three* schools should have been overpowered by *one*," it is nevertheless the fact—and for this reason—that in this Province of Quebec we are completely under Priest-craft and we English cannot do anything. The Priests are all-powerful and carry what they wish.

How much longer this will last it is impossible to say. I only hope the day is not far distant when the English portion of the Province will rise in its might and put an end to this oppression which you in Ontario do not feel; but in the mean time we are impotent. This will explain to you why we *accepted* the changes to our old Bill of Incorporation. We took all we could get. Whether we will be able to obtain more in a few years remains to be seen.

Yours truly,

M. D.

Montreal, 5th Feb., 1877.

Selected Articles.

A NEW REMEDY, CALLED DIGESTINE.

This is obtained from the gizzard of the domestic fowl (chicken) and is a specific for vomiting in pregnancy. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the cure of dyspepsia and sick stomach caused by debility of that organ. It is useful in all cases where the pepsine and pancreatine are used, but with much more certainty of its good results, for it puts all those preparations in the background.

In complicated affections of the stomach, such as inflammation, gastralgia, pyrosis, etc., it may be combined with subnitrate of bismuth and opiates; and in diarrhoea and cholera infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Professor E. Wallace, of the Jefferson Medical College; he gives me the result of seventeen cases as follows:—

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

He used in seven cases of sick stomach caused

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

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

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

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

Messrs. Wm. R. Warner & Co., of Philadelphia, have prepared a form, designated digestine ; the purity and good effects of which I can vouch for.—*Dr. Scully, in Med. & Surg. Reporter, Phila.*

MEDICAL EVIDENCE IN COURTS OF JUSTICE.

We are reminded by an article in the *World* of the roth inst., and by the evidence adduced in a case of manslaughter tried at the Central Criminal Court on the same day, of the very grave responsibilities incurred by medical men who give evidence in a court of Justice, whether in civil or criminal cases. Our facetious contemporary deals with the former class only, and inveighs powerfully against the practice that has for a long time obtained of pitting medical men against each other in railway compensation cases. We do not care to discuss the assertion that "specialists in evidence-giving" and "habitual medical witnesses" exist, that it has become a distinct branch of professional work, and that "men of honor and reputation feel a natural repugnance to engage in any kind of contest with such adversaries, and protect themselves by declining to go into court." We have frequently had occasion to allude to this subject, and it is unhappily too true that the public belief in medicine and surgery as a science has been seriously weakened

by hearing or reading the "witness-box" evidence of two or more eminent men called to testify to the degree and permanency of a railway injury. The *World* suggests a remedy which is undoubtedly worthy of consideration. It proposes in such cases that a report upon the case should be prepared by independent medical assessors, to be nominated by the judge. It must be remembered that, under present circumstances, the plaintiff or defendant, (as the case may be) now and then defeats his own cause by forcing into the witness-box a medical man who has declared that his evidence would be unfavorable to the side for which he was subpoenaed. Anyhow, it is discreditable to the profession that these occasional scientific tournaments should ever occur in a court of Justice.

The evidence to be given in a criminal case is, however, of a far more responsible character, and in this class of cases the giving evidence is not a matter of choice. It cannot, therefore, be too emphatically impressed on the mind of a medical witness not to go into court with a half or incomplete knowledge of the scientific facts of the case. The importance of this was very clearly instanced in the case above referred to. Mr. J. S. M'Andrew, of Limehouse, gave evidence to the effect that a bloodvessel had been ruptured, and that there was a small fracture at the base of the skull. "If he had not seen the head, and had only examined the heart, he should have believed the man had died from heart disease." Mr. Justice Hawkins, before whom the case was tried, dwelt particularly, in his summing-up, on the medical evidence, and said that when a medical man is summoned to a case where death is supposed to have occurred from violence, it is his duty to insist upon, or to make, an exhaustive examination of all the organs before giving evidence either at an inquest or a trial. We believe, however, that in all such cases this work, as a sort of specialty, would be more practically performed by a medical assessor attached to the coroner's staff.—*The Lancet.*

A NEW FEVER COT.

Dr. G. W. Kibbee, of this city, has devised a cot for the purpose of treating patients by cold water. It is constructed with two side pieces, eight inches wide and six feet ten inches long, allowing room for head and foot boards, and leaving six feet six inches in the clear. To the upper edges of these side pieces is fastened a strong open-work cotton blanket stuff, which permits the water that is poured over the sheet or bandage that encircles the trunk to pass readily through and fall upon a rubber cloth attached to the under edges of the side-pieces, and sloping towards the foot, so as to

carry the water off into a receptacle. To the outer side of the wide pieces, or rails, are screwed malleable iron castings that receive the ends of the legs which cross each other below, and are so bolted together as to be moveable, allowing the bed to be closed up and set away when not in use. It is so constructed that it can be taken apart and closely packed for transportation.

Dr. K. writes: "This Fever Cot was invented in the summer of 1875, during a scourging epidemic of typhoid fever in the Willamette Valley, Oregon, to facilitate the use of tepid or cool water. For many years I have been in the habit of regulating the heat of fever patients with water, and found that the best effects were produced by pouring tepid or moderately cool water over the trunk through a folded sheet, or bandage of several thicknesses. That method being inconvenient, on account of soiling the bedding, I at last reached the idea of this Fever Cot, which obviates the whole difficulty. Water, at any desired temperature, can be poured or otherwise used without wetting anything but those articles used about the patient. It is wholly unnecessary to descant on the value of the cooling process in fever, as the recent extensive use of water in the hospitals and private practice of Europe is well known through our medical journals and newspapers.

"The philosophy of COLD in all fevers is fast coming to light through the experiments by scientists on *fermentation*, it being found that the vitalized germs require a certain high range of temperature for such development and reproduction as render them dangerous or fatal to life in the higher forms of being. This Fever Cot is therefore offered to the attention of the medical profession, and the world at large, as the most feasible apparatus yet discovered for regulating the heat of fever patients, and keeping it at the normal standard, thus preventing all danger from infectious poisons, which, as has been proved by recent practice, can do no harm while the temperature of the blood is held at 98°."—*Med. Record*.

SUBCUTANEOUS DIVISION OF THE NECK OF THE HUMERUS.

Subcutaneous osteotomy has of late received so much attention by surgeons in this country, that I feel assured the accompanying letter, which has been sent to me by Dr. Mears, of Philadelphia, recording an operation successfully performed by him for the first time, will be read with interest.

"Walnut Street, Philadelphia, Dec. 1st, 1876.

"My dear Sir,—Knowing the deep interest you feel in subcutaneous osteotomy, I beg leave to report to you an operation which I performed six

weeks since, for the relief of the pain and immobility consequent upon an old subcoracoid luxation of the shoulder-joint, in a patient thirty-eight years of age. The nature of the injury was not recognized at the time of its receipt, and the condition had existed for two years and four months before the section of the bone was made. In performing the operation, I used the saw devised by you, having made the puncture with a long-handled tenotome. "I endeavoured to divide the bone just below the tuberosities. I believe the section was made about the middle of the surgical neck. Not more than a drachm of blood was lost, and the wound was closed in three days.

"From the day of the operation the patient has been free from pain, and he is gradually acquiring good motion in the new articulation. The result is, in every way, most satisfactory; and it gives me pleasure to present it to you as accomplished by your method of operation.

"So far as I know, it is the first time an operation of this kind has been performed for the relief of old dislocations; and I am encouraged to believe that it can be employed with benefit in such cases.—Very respectfully and truly yours,

"W. Adams, F.R.C.S." "J. EWING MEARS.

Professor Joseph Pancoast has also written to me in reference to the above case, which he carefully examined six weeks after the operation, and observes:

"This morning, I was shown another case in which your operation was applied to the surgical neck of the humerus, near the tuberosities. It was done six weeks ago; the wound healed without suppuration. The case was one of unreduced subcoracoid dislocation, in a man thirty-eight years old. The arms hung by his side, capable of little motion. Now, he has a good deal of motion at the place of section, can move his arms readily across his chest, and bring his hand up to the top of the ear at the other side of the head."

The testimony thus borne by Professor Pancoast, as to the range of motion existing in the above case, adds greatly to its interest. When the section through the bone is made with a saw, without any breaking or splintering of the bone, and extension and passive motion are employed soon afterwards, and steadily persevered in, free motion may be obtained. In several of the cases of subcutaneous division of the neck of the thigh-bone, free motion has been preserved for some years, and will no doubt be permanently maintained.—WM. ADAMS, F.R.C.S.—*British Med. Journal*.

ADHESIONS IN OVARIOTOMY.—Dr. Atlee, of Philadelphia, says that cases of ovariectomy where pelvic adhesions are very firm, the proper course to pursue would be not to stitch the cyst to the abdominal wound, but to pull the cyst as far as possible out of the abdomen, and apply a clamp, cut

it off, and close the wound beneath the clamp with the greatest care. We may trust that there will be union between the opposing peritoneal surfaces; and, whether the sides of the sac adhere immediately, or, the process is more gradual, the ultimate result will be entirely satisfactory.

ON BELLADONNA IN TYPHOID FEVER.

In the last volume of the *St. Thomas' Hospital Reports*, Dr. Harley states that in enteric fever he finds that mxxv . of the succus (B.P.), given every four or six hours, is quite sufficient to sustain that moderate atropism which is beneficial. When delerium has been present, he has never found this dose increase it, but rather the reverse. In enteric, as in scarlet fever, severe congestion of the kidneys, and attendant albuminuria, are not uncommon events. For the prevention or relief of this condition, belladonna is the appropriate remedy, for the whole of the atropia admitted into the body is eliminated unchanged by the kidneys. If, therefore, the quantity of atropia be not excessive, it follows that an active circulation is maintained in these organs during the time they are engaged in its elimination.

An analysis of the cases recorded by Dr. Harley shows the following results:—1. As to the pyrexia It appears that the rate of the pulse and the degree of temperature were never, as a rule, increased, but, on the contrary, both these symptoms uniformly declined under the use of belladonna. The daily averages of the pulse above given are, considering the severity of the cases, certainly low. Dr. Harley thinks that the stimulant action of belladonna on the heart is converted, in the pyrexial state, into a tonic, and, if not pushed too far, even a sedative influence on the heart and blood-vessels generally; in other words, that it is a tonic and sedative to the sympathetic nervous system generally. By this action the capillary circulation is accelerated, the contraction of the vessels promoted, and thus the arterial tension which attends congestion of the parenchymatous organs is relieved, and a load at once removed from the heart. Diminution of temperature is the direct consequence of these changes. As the result of the prolonged use of belladonna after the cessation of the pyrexial state, Dr. Harley noted an irritable debility of the heart, as if it had been exhausted by over-stimulation, and the nervous system had also shown a participation in this effect. The beneficial use of belladonna, therefore, lies within narrow limits as to dosage, and vigilance must be exercised lest these limits be exceeded. As to delirium, Dr. Harley has observed that, except in a very small proportion of cases, this symptom in enteric fever is not increased by belladonna, and he has never

withheld the drug on account of delirium. Speaking generally, the effect of the belladonna was to diminish the insomnia so frequently present. One of the most noticeable effects of belladonna in the pyrexial condition, is moistening of the tongue. No particular effect on the skin was noted. As far as could be determined, the diarrhoea was not directly influenced either way, but in those cases in which the belladonna was given from an early stage of the disease, it appeared to be of shorter duration. The tendency to hemorrhage is not influenced.—*Med. & Surg. Reporter.*

TREATMENT OF FRACTURES AT THE PENNSYLVANIA HOSPITAL.

Dr. John B. Roberts, Resident Surgeon at the Hospital, gives (*Archives of Clinical Surgery*, Dec. 1876) the following account of the method of treating fractures employed at this institution:—

Fractures of the lower end of the radius, whether Colles', above the articulation, or Barton's, extending into the joint, are almost invariably adjusted by forcible extension, and then placed in a Bond's splint, with appropriate compresses to correct deformity. Bond's splint, as you know, consists of a box-like splint, in which the pronated forearm is laid, while the hand is deflected to the ulnar side, and the palm closed over a cylindrical block at the end. By this means the tendency to dragging up of the lower fragment is overcome, and the fingers are allowed considerable motion during the progress of the treatment.

When the humerus is broken, through or just above the condyles, an anterior right-angled splint is generally employed, but when the fracture is situated in the shaft, an internal angular splint, with possibly an external pasteboard one, is applied. If the seat of fracture, however, is near the anatomical neck, it is usual to use the thorax as a splint, and merely bind the arm firmly against the chest; should the upper fragment tend to fall into the axilla, it is kept in proper position by a pad placed in that locality.

The treatment that seems to give best results in fracture of the clavicle is the horizontal position in bed, with the head thrown a little forward to relax the sterno-mastoid muscle. When this line of treatment cannot be followed, the injury is dressed with a roller-bandage or adhesive strips, so arranged as to meet the indications.

Taking up fractures of the lower extremity, I speak of fractures of the fibula. This comparatively unimportant injury is placed in a fracture-box until swelling subsides, and then a fixed dressing of silicate of soda, or glue and oxide of zinc is adjusted to the limb.

Fractures of the tibia, or tibia and fibula, are

placed immediately in the old-fashioned fracture-box with foot-board and hinged sides, which, in many instances, is then suspended, in order that the patient may move about in bed without disarranging the broken bones. Compound fractures, with abundant discharge, are kept covered with bran. In two such cases, recently admitted, there was so much overlapping and displacement of the fragments that Dr. Morton resected the ends, and, in one case, wired the bones together.

Although the fracture-box is generally employed, its use is not absolute. If the bones be broken at the ankle-joint, with lateral displacement, Dupuytren's splint and pad for fracture of the fibula are used. In a recent instance, where the line of fracture split off the external portion of the tibia, without involving the internal malleolus, and the fibula also was broken, there was a great displacement backwards and outwards, which necessitated tenotomy of the tendon of Achilles and the application of Dupuytren's splint on the inner side of the leg.

Fracture of the patella has usually been treated by flexing the whole limb on the pelvis, and drawing down the upper fragment by adhesive strips and bandages. Recently, however, Dr. Morton has tried Malgaigne's hooks, without producing any inflammatory trouble, and has obtained far more perfect apposition under their application.

Many cases of fracture of the femur are admitted, and are treated generally by extension, though one of the surgeons prefers Smith's anterior wire splint. The extension apparatus is applied by means of longitudinal and transverse strips of adhesive plaster, to which is attached an iron crib, or framework, containing any number of one pound weights. In some cases, instead of the plaster, a more expensive arrangement of leather straps and buckles is applied in a similar manner, and the limb is then steadied by sandbags or Levis's weighted splints, which consist of long narrow boxes, containing a row of bricks. Fractures through the neck of the femur, owing to the difficulty of making an absolute diagnosis of extra or intra-capsular lesion, are treated by extension for several weeks, until it is determined whether or not union is about to occur. In a case treated not long ago, the diagnosis of intra-capsular fracture was proved, not only by the treatment, but by the post-mortem examination made two or three months after the receipt of injury. There was not the least attempt at union, and the end of the head had been partially absorbed. The anterior wire splint is used by Dr. Hewson for fractures of the thigh, and sometimes of the leg, and, while controlling the proximal joints, gives the patient greater freedom of motion during treatment.

In regard to shortening after fracture of the femur, it may be said that but little importance is

attached to the amount, and measuring is rather at a discount. By a series of measurements of normal limbs, made by Dr. W. C. Cox a few years ago, it was found that there was a considerable difference in many cases where no injury had ever occurred. In fifty-four cases accurately measured only six showed the same length in both limbs, while fifteen cases showed a difference of half an inch or more between the two legs. The smallest amount of variation was one-eighth of an inch, while the greatest reached seven-eighths of an inch. (*American Journal of the Medical Sciences*, April, 1875.) As this has been well established, it seems useless to become agitated over shortening of one-sixteenth of an inch after fracture of the femur, which, by the way, may make the limbs more uniform than they were previous to the occurrence of the fracture.

The plaster of Paris dressing is seldom used except in cases of delirium tremens, when a rapid setting and solidifying is required to keep the bones steady, and preclude the possibility of the injury being made compound. Solution of silicate of soda is always ready, is so clean, and is applied with such facility that it is generally preferred, notwithstanding the fact that it takes several hours to become firm. The glue and oxide of zinc dressing of Dr. Levis is employed quite frequently also, the latter ingredient being added in the proportion of one part to eight or ten of glue, in order to increase the rapidity of hardening. None of these forms of fixed dressing, however, are applied immediately, as done in New York, but the patient is confined to bed for a series of days until pain and tumefaction have subsided, and often until considerable union has occurred.—*Med. News & Library*.

A READY METHOD OF TESTING URINE FOR ALBUMEN.

Mr. W. Henry Kesteven recommends (*Med. Times and Gaz.*, Dec. 23, 1876) the following method. Take a piece of thin glass, such as is ordinarily used for microscopical covers; about one inch square is the best size. On the surface of this, slightly to one side of the centre, place about two drops of the urine to be tested; on the other side of the centre place one drop of nitric acid. By gently inclining the glass the two fluids will mix, and any precipitate that is formed will be readily seen when the acid fumes have passed off. The precipitate may be rendered more apparent by covering the reverse side of the glass with Brunswick black or some other such pigment. Another method of using the thin glass cover is one which will be found particularly handy for use at the bedside. The urine should be placed on the cover as above and then, with an ordinary pair

of dresser's forceps, the slip of glass should be held over the flame of a candle. By so doing the albumen, if present, will be precipitated, and rendered plainly visible by the blackening of the glass with the smoke of the candle. This last method should be practised with care, as, if the glass is held too close to the flame, violent ebullition of the urine takes place, with rapid evaporation. The value of the use of these thin glass covers for this purpose consists mainly in the ready way in which the urine can be tested by means of them. It is very easy to carry a few of them in the pocket-case for use by those who prefer the warm method of testing; the urine cold with the acid, a box could easily be contrived which would carry one or two blackened covers and some nitric acid.—*Med. News.*

TETANUS—FREE USE OF CHLORAL AND BROMIDE—RECOVERY.

C. G., aged eleven years, entered the Massachusetts Gen. hospital with an injury to the right arm, received half an hour previously. The wound made by a carding-machine, was a superficial tear in front of the elbow-joint. A flap of skin of the size of the palm of the hand had been completely wrenched away from the inner angle of the arm, exposing the superficial muscles and nerves, one or two of the latter lying torn and bare in the wound. No vessel of any size was wounded, and the elbow-joint was uninjured. The arm was placed on an external angular splint, and the wound dressed with simple water dressing. All went well till the fifth day, when the wound and parts adjacent became swollen and inflamed. A poultice was applied. In two days the inflammation and swelling had subsided, but the wound looked dirty and was covered with tough, adherent sloughs. A dressing of "acid-wash" was substituted for the poultice. The look of things now speedily improved, and in two days the wound was clean and healthy. The first sign of tetanus was noticed August 27th, thirteen days after entrance. Complaint was first made of stiffness in the jaws, pain in the back of the neck, and much difficulty in chewing and swallowing food. There was no marked febrile disturbance. A blister was applied to the inner side of the arm above the wound over the course of the nerves, and enemata of ten grains of bromide of potassium and seven grains of chloral hydrate in one ounce of water were given every three hours. The next day there was no improvement, the patient not being able to open his jaws more than an inch, and having cramp-like pains in the calves of his legs. Another blister was applied to the arm, and also to the neck over the course of the brachial plexus of nerves. The chloral and bromide were increased

to fifteen grains of the former and twenty grains of the latter, given in enema as before, and the wound was dressed with a solution of chloral hydrate, ten grains to the ounce of water. For several days the condition of the boy gradually grew worse; a marked but intermittent tendency to opisthotonos soon showed itself, and his tongue was several times badly bitten by spasmodic closure of the jaws. He was given stimulants, but in the way of food could take nothing but liquids and semi-solids. The enemata of chloral and bromide were given as occasion required, sometimes oftener than once in three hours, so as to keep the boy completely under their influence, in fact almost narcotized. As long as he was thus kept the spasmodic contractions of the muscles were controlled, the patient being drowsy most of the time. Any source of irritation, however, such as the endeavor to take food or being moved or handled, was almost sure to bring on an attack of muscular contraction, more especially in the muscles of the jaws and of the back of the neck. The tendency to opisthotonos became more constant, the boy lying in bed with his back slightly arched. After the first few days he showed the erythematous blush of the skin due to the influence of the chloral, and at times his pulse became very rapid and his pupils contracted. On September 6th, ten days after the appearance of the disease, there began to be some diminution in the violence and frequency of the spasms, and some improvement in the general subjective feelings of the patient. On the next day, however, his mother, contrary to the most strongly expressed advice, insisted on taking the boy home. About a month afterward she reappeared with him. He had entirely recovered, after having had several attacks of muscular spasm since leaving the hospital. Throughout the whole of the disease the wound looked well, and was almost entirely healed when the boy came back.

In ten days this boy, aged eleven years, had of chloral hydrate eight hundred and five grains, and of bromide of potassium one thousand one hundred and fifty grains, being an average of eighty grains of the former and one hundred and fifteen grains of the latter every twenty-four hours.—*Boston Med. Jour.*

EXCISION OF THE HEAD OF THE HUMERUS.

The following clinic by Prof. Gross, we copy from the *Philadelphia Med. Times* :

"The patient now before you is a medical gentleman, 26 years of age, who, three years ago, was thrown from his buggy on his right shoulder, receiving a severe contusion, followed by the usual symptoms of inflammation. You observe a cicatrix situated about the middle of the arm, at which, as

we are informed, there was a continuous discharge for a year and a half, beginning soon after the accident. After the part healed the joint was ankylosed. About six months ago the same shoulder received a similar injury. You now notice two fistulous openings upon the anterior surface of the injured shoulder, from which there is a constant discharge of a fetid character. On introducing the probe, I find that one of these fistulous tracts leads directly into the articulation, while the other inclines upward towards the coracoid process. By firmly grasping the scapula, and at the same time moving the arm, you observe the joint has lost its functions. The deltoid muscle is wasted from the joint effect of disease and want of exercise.

"The patient's general health is good. He tells us he never had disease of any kind, and knows of no hereditary taint.

"Anchylolysis is generally produced by inflammation of synovial membrane, with plastic deposits upon its surface. It may arise from all kinds of injuries. In this patient there was a contusion giving rise to synovitis, and an effusion of plastic matter. This matter became organized, bands of effusion formed, and the joint became fixed and immovable. The inflammation extended to the periosteum, and necrosis and absorption of the articular cartilages took place. The glenoid cavity was effaced, and the tissues within and around the joint became roughened and bound down by organized plasma.

"When the anchylolysis is of recent standing, when the adhesions are weak and of limited extent, and when the joint is not too complicated in its structure, a reasonable hope of breaking up the morbid adhesions and re-establishing the functions of the joint may be entertained; but under opposite circumstances it is useless to resort to any thing short of excision as likely to be of any permanent benefit. Necrosis and caries of the head of the humerus and contiguous surface of scapula are the most common reason for resection, and render the operation necessary in this case. The mortality from excision of the shoulder and elbow joints, even in traumatic cases, is comparatively insignificant, while excision of the wrist and hip very frequently prove fatal. It is more dangerous in the knee than in the hip, and from excision of the ankle joint very few recover. Excision of the head of the humerus was performed successfully by Prof. Warren, formerly of Baltimore, to relieve the pain caused by pressure of the head of that bone upon the axillary plexus of nerves, in an unreduced dislocation. The late Prof. Blackman, of Cincinnati performed a similar operation with equally happy results, on account of rheumatic arthritis.

"There are several methods of exposing the bone. Some prefer the V-shaped incision, others

the flap operation. The elder Prof. Pancoast makes a curvilinear incision. These methods afford the surgeon ready access to the joint, and enable him to effect excision with the greatest facility; but they all have the disadvantage of inflicting severe injury upon the deltoid muscle in consequence of the division of its fibres. The simple vertical incision that I am in the habit of using is free from this objection. The incision is begun just below the acromion process, and is carried down through the belly of the deltoid muscle to within a short distance of its inferior attachment. After the parts are exposed it is of primary importance to detach the periosteum, which is indispensable to the formation of a new bone. We must avoid cutting the long head of the biceps muscle. You notice, as I cut down upon the parts, that there is considerable hemorrhage, due to the indurated condition of the tissues from plastic deposits, which prevents retraction of the vessels. You will observe in this case the use of acupressure in controlling hemorrhage. After the tissues are all separated by rotating the arm, there is little difficulty in protruding and removing the head of the humerus. Other things being equal, the smaller the portion of bone removed, the less impairment of function will there be liable to follow. I find the glenoid cavity effaced, the articular cartilage on the head of the humerus destroyed, and some softening of the osseous tissue. A cold compress will be applied to the wound for a couple of hours. The parts will then be brought together and retained by a few interrupted sutures, an oil-tent being placed in the most dependent part to facilitate drainage. The limb will be firmly secured to the body by adhesive strips assisted by the roller, and suffering relieved by a hypodermic injection of morphia.

"[The patient was again before the class, six weeks subsequent to the operation, and on the eve of his departure for his home in California. The parts were in good condition, the patient having suffered no untoward symptoms. The wound was closed, with the exception of a small point at the most dependent part, from which there was still a slight discharge of a healthy character.—w. A. J.]"

MAMMARY ABSCESS DURING PREGNANCY.

Mrs. W., sixteen years of age, primipara. During her pregnancy her general condition had been apparently remarkably good. No cause could be assigned for the local trouble in the breast. When about seven and a half months pregnant she began to complain of slight occasional pains in the right breast. She paid no special attention to it for a week or two, when she noticed a slight enlarge-

ment in the size of the breast as compared with the left one. Both breasts were naturally large. On examining one day she discovered a slight local tenderness just within the circle of the areola. The breast very gradually increased in size, the pain became more constant and more severe in character, and the tenderness over the spot alluded to, very marked. About eight days before her confinement I saw her for the first time, the pain having been so severe as to prevent her from sleeping the two previous nights. On examination the breast appeared nearly a third larger than the left one, and was decidedly firm and tender to the touch. There were no signs of any inflammatory action about it. Just within the areola was a soft, bulging point, at which fluctuation could be detected. The glands in the axilla were enlarged and tender. A free incision was made and half a tumblerful of healthy pus was evacuated. A linseed-meal poultice was ordered. Immediate relief followed the operation. Two days later a fluctuating point was detected about two inches below the seat of the incision. A second opening was made, and a seton was introduced, connecting the two openings. The case did remarkably well, and the seton removed in six days after her confinement, which occurred the seventh day after I made the first opening.

The point of interest in the case was as to what should be the proper course to pursue as to nursing the child. In this case, as it turned out, the question as to the best method of procedure did not arise, the patient having no milk in either breast. I had made up my mind that it would be best not to attempt nursing even with the unaffected breast, lest the act of nursing should, owing to sympathy, create additional disturbance in the breast which had been the seat of the abscess.—*Boston Medical and Surgical Journal*.—*Ibid*.

RUPTURE OF THE UTERUS—ESCAPE OF CHILD INTO THE RECTUM—DELIVERY BY FORCEPS PER ANUM.

Dr. Fitzek, of Lispitz, relates the following case (*V. Med. Chirurg. Central-Blatt*, Ap. 14, 1876, and *Allgem. Wein. Med. Zeit.*, No. 17). The patient, a small, weakly person, was delivered of the first child at 24, by perforation and forceps, owing to contracted pelvis. After 1½ years, her accouchement again came round. Dr. Fitzek was summoned, and informed that on Nov. 9 the pains began, that they increased in intensity up to the 11th, and disappeared on the 15th. The waters escaped on the 15th; from that day the bowels did not act, in spite of enemas, and the urine only passed dropwise. The patient exhibited all the symptoms of being in a most critical condition.

The vaginal examination was difficult, as the finger could only pass about two inches, the space being occupied by a large round substance in the posterior. Careful examination enabled the suture of the head to be felt, and when the finger was passed about four inches up the rectum it ascertained that the head lay in it, and was colder than the surrounding parts; the face being directed forwards. After drawing off a large quantity of urine, an endeavor was made to push the head back into the uterus, but as it was fast, this was impossible. Ultimately the forceps were applied, and the child extracted per anum, a serious rupture occurring during the operation. The placenta was expelled after an hour by the same way. The wound was united by suture, and after twelve days seemed healed, during which time the patient improved. The lochia flowed both by vagina and anus; after an injection of arg. nitr. they lost the unhealthy color they had assumed. In six weeks the patient was convalescent. The child was at full term, but had evidently been dead some time. Dr. Fitzek considered the case undoubtedly one of rupture of the uterus, at the place where the uterus is connected with the rectum by the peritoneum (ligt. rectouterin), a very rare occurrence. [It is not stated that the seat of rupture was actually ascertained, or that it did not occur through the vaginal wall into the rectum, at a high point.]—*Nashville Journal of Medicine*.

NATURE AND TREATMENT OF PERNICIOUS ANÆMIA.

The translation of a lecture on this subject, by Professor Quincke, has lately appeared in the *Medical Times and Gazette*, No. 1,372 and Dr. Bradbury, of Cambridge, gives a clinical lecture on the subject in the *British Med. Journal*, No. 835. Professor Quincke remarks that the disease occurs with relative frequency in pregnancy, and that it is not unfrequently produced by other influences, such as habitual alcoholism, repeated epistaxis, typhoid fever, and protracted catarrh of the stomach and intestines. When the disease has reached a certain stage it leads to dyspepsia, vomiting, and diarrhoea. There is always a diminution in the total quantity of blood. The red corpuscles in several of Quincke's cases were egg-shaped, ovoid, crescentic, and sometimes drawn out into a pointed process, and amongst them were a number of tiny yellowish particles. The white corpuscles were abundant—there was relative leucocytosis. There is some reason for believing that the red corpuscles may be destroyed in excess in the liver, as this organ was found to contain a remarkably large proportion of iron. Defective formation of new corpuscles (anhæmatosis) and increased destruc-

tion of the elements of the blood (hæmophthisis) represent the two chief to which the disease conforms. Treatment, according to Quincke, as in other anæmiæ, must be directed against the cause of the disease. The hygienic surroundings and food must be attended to. Next to a well-selected diet, hydrochloric acid, rhubarb, and gentian gave him the best results; preparations of iron were only used when the functions of the stomach were completely restored. In cases in which fever was present quinine was given, and during convalescence lukewarm baths were ordered. Transfusion of human blood was not followed by success. Dr. Bradbury's case which occurred in a man æt. forty, was typical. The disease had lasted eighteen months, and commenced with jaundice, giddiness, and nausea. Examination of the blood showed that the red corpuscles were few, but the relative number of the white corpuscles was not increased. The diminutive red corpuscles, considered by Eichhorst to be pathognomonic of the disease, were not present. Phosphorus, perchloride of iron, and careful dieting were unsuccessfully tried, and the patient ultimately died. Post-mortem examination showed that both the liver and the spleen were soft and swollen.—*Practitioner*.

OPIUM IN THE TREATMENT OF RIGID OS UTERI.

It often happens that when new remedies come into vogue some of our elder and most reputed agents are apt to be neglected. Opium in the treatment of tedious labours, depending upon a rigid or contracted state of the os uteri, is not so frequently resorted to now as it formerly was, chloral or chloroform being often used in its place. In the *Virginia Medical Monthly* for November, Dr. Z. Collins McElroy calls the attention of the profession to the subject by a clinical illustration of his views and practice. In reference to his case he asks—Why is this woman's os uteri in this state of rigidity or constant tension? Is it a pathological condition, to be changed by lancet, hip-baths, chloroform, &c.? "Undoubtedly the os in this case had the physiological function of contraction to contain the contents of the womb, in all respects analogous to that of the sphincter of the bowel and bladder, whose physiological design is contraction. A rigid os uteri, therefore, is a natural process out of time, rather than a pathological one." "It is simply a misapplication of a natural force intended to accomplish an important end—delivered." To restrain this misapplication of force, and obtain a co-operation of all available force for the completion of labour, the profession has had recourse to various measures, but the one remedy which will almost certainly effect this purpose is

opium, and it is upon this agent that Dr. McElroy relies in the management of such cases.

A propos of this subject, and of the remark just made about our partiality for new remedies, Dr. Agnew, has in the same journal, a paper on the use of gelsemium for dilatation of the cervix uteri in the non-puerperal state. He says he has found it successful in two or three cases where even very small instruments could not be introduced, and it appears from a note to this paper that Dr. R. S. Payne, U.S., had nearly two years ago found it to be of value in two cases of rigid os uteri and sphincter perinei. Whether, however, this opinion will be endorsed by the experience of other practitioners has still to be proved. (*Medical Press and Circular*, December 20, 1876.)

SURGERY IN EGYPT.

The following is a brief abstract of the diary of an English surgeon travelling on the Nile:—

"It soon got noised abroad that a hakim (doctor) was aboard, and the halt and the blind literally flocked for help, the very poor coming empty-handed, those better off bringing sheep, meat, bread, fruit, vegetables, trinkets, whilst the well-to-do brought money, gold finger rings and nose rings, all of the unalloyed metal, for these are the gold coin of the Soudan. One woman, a widow-farmer, owning many slaves—though it is commonly supposed that slavery is non-existent in Egypt—applied (just in time for amputation) with a fractured fore-arm, the bones protruding, and gangrene creeping beyond the elbow. Two men with stone were lithotomized, and Dr. Lowe performed three operations for cataract. He found excellent assistants in two engineers of the expedition, one of whom chloroformed the patients, and the other, having lived in a doctorless district in India, where he conducted an extensive amateur practice, held the staff in the lithotomy operations, and otherwise rendered efficient assistance. Dr. Lowe was constrained to depart the day after these operations, leaving them to chance, though confident they would do well, owing to the surprising power of recovery from surgical injury manifested by the Arab constitution. Three months afterward he learnt that, excepting one case of cataract with rotten cornea, all these patients made good recoveries.

"As the expedition could stay only a few hours at each town, Dr. Lowe found it impossible to attend to half the cases, and he was obliged reluctantly to deny assistance to a large number of miserable sufferers. It was piteous to be forced to turn a deaf ear to their supplications. Some pursued Dr. Lowe in boats, others chased him on camels along the river-side for two days; and one poor old man was carried for three days on camel-back in the vain hope of obtaining surgical help."

The statement made by a writer in the *British Medical Journal* that a young surgeon travelling for his health in Egypt could earn sufficient money to pay for his trip is undoubtedly correct, as any traveller on the Nile could testify.—*Boston Med. and Surg. Journal*.

ABORTION IN ENTERIC FEVER.

Speaking of the complications and sequæ of enteric fever, Murchison remarks (p. 580, Ed. II.) that "According to Rokitsansky and Niemeyer, pregnancy confers almost entire immunity from enteric fever; but the correctness of this opinion has been denied by Forget, Jenner, Griesinger, &c., and I have met with many instances of pregnant females attacked by the disease. Pregnancy is a less formidable complication than is commonly imagined, or than it was stated to be in the first edition of this work, nor does abortion or miscarriage necessarily take place."

The following case, which came under my care, illustrates the truth of Murchison's experience, and as it aids in disproving the general German belief, it may not be uninteresting:—

Mrs. D., æt. 27, was admitted on the 18th July, 1876, with well-marked enteric fever. It could not be accurately ascertained when the attack actually commenced, but the patient had been in bed about three weeks.

On admission, her pulse was 120. The typical rosy, lenticular spots were visible on the abdomen, and her tongue was dry, deeply seamed and covered with a pale yellow fur. Before admission, she had had profuse diarrhœa. This had ceased, but, in other respects, her stools were of the enteric type. Pain, on pressure over abdomen (not localized at any particular point), was removed by a poultice. She had also a troublesome cough and rusty sputa. Auscultation of the chest discovered sibilant and sonorous râles at both apices.

According to the patient's own statement she was between three and four months pregnant.

On the day after admission, she was rather delirious, and her temperature being high, she was sponged frequently with cold water. On the 24th (that is, six days after admission) when patient was mending somewhat, my attention was directed to a small quantity of blood stated to have been discharged from the vagina during the night. My first thought was that the hæmorrhage was from the bowel, but this was found not to be the case. There was no pain. An examination, both by the finger and by the speculum, revealed nothing abnormal, and the os uteri was firmly closed. On account of the state of the lungs it was deemed inadvisable to give an opiate, but cold wet cloths were applied to the abdomen and vulva. The

discharge, though diminished in quantity, continued on the three following nights.

On the 1st of August (the discharge having in the interval been completely arrested) I found patient complaining of pains in her abdomen and of hæmorrhage from vagina—both having continued for about an hour. On the patient getting up to stool, a large clot of blood came away. On making a digital examination *per vaginam*, I found the os uteri dilated sufficiently to admit the tips of three fingers; two fingers could be inserted with ease. The membranes and a part of the placenta were presenting. A drachm of ext. ergotæ liq. (B.P.) was given. The pains were coming at regular intervals, and I endeavored to dilate the os with my fingers. This causing the patient pain, chloroform was administered; but the attempt to dilate the os further failed. I ruptured the membranes and speedily brought away the foetus, which was dead. Some difficulty was experienced in the extraction of the placenta, but ultimately this, too, was brought away with the exception of a very small portion.

After the operation, cold water was injected into uterus and vagina, a cold compress applied above the pubis, and cold cloths every half-hour to the vulva. Patient also got half-a-drachm ext. ergotæ liq. and a little brandy.

She slept well during the night, and there was very little discharge. The treatment that followed was expectant. For the two days following the operation there was slight tenderness over the uterus, and on each of these days a turpentine stupe was applied. She received three grains of calomel and half-a-grain of opium every three hours. A weak solution of carbolic acid (about 1 in 60) was injected into the vagina every four hours. She was not permitted to get up to stool; and her diet consisted of milk, chicken soup, a morsel of toast, and 8 oz. port wine.

The discharge that followed was quite natural. She immediately began to recover; and on the eighth day after the abortion was permitted to get out of bed. Two days later, she was in the open air; and on the 26th of August was dismissed perfectly well, after having been in the Hospital for five weeks.

It may be remarked that this patient had had three children and no previous miscarriage. On removing the foetus, it was seen to be about the fourth month, and seemed to have been dead for several days. Whether the destruction of the foetus was due to the hæmorrhage or to the specific poison of enteric fever, it is hard to say. It appears to me, however, to be most probable that death, resulting from the poisonous influence of the maternal blood, caused the body of the foetus to act as a foreign body and thus excite reflex action. The severity of the hæmorrhage was no doubt due to the partial placenta prævia that existed.

Since writing the above, I have been informed by Dr. J. M. Barbour, my predecessor, that of three cases of abortion in enteric fever which came under his notice, there were two recoveries.—(*Dr. Service, in Glasgow Med. Journal.*)

TREATMENT OF PHOSPHORUS POISONING.

The treatment of cases of phosphorus-poisoning is not very satisfactory. The stomach should be thoroughly evacuated. The best emetic appears to be sulphate of copper, inasmuch as Eulenberg, Guttmann, and Bamberger have shown that phosphorus quickly combines with the copper to form the less active phosphides. The minute particles of phosphorus adhere very closely to the mucous membrane, and can only be dislodged by chemical means. Hydrated magnesia, lime-water, liquor chlori, and chloride of lime have been recommended as oxidizers, but their action is too slow to be of any use. Turpentine appears to be the best antidote. It unites with the phosphorus to form a spermaceti-like, crystalline mass, which is soluble in ether, alcohol, and alkaline solutions, and can be eliminated unchanged by the kidneys, without injuring them. Perhaps it also promotes the oxidation of a portion. Our late lamented fellow-worker (Dr. Letheby) was the first to observe that the vapour of turpentine prevented the action of the phosphorus fumes on the artizans exposed to them. MM. Andant and Personne soon afterwards published cases showing the power of turpentine to arrest phosphorus-poisoning, and numerous cases have since been recorded showing its value.

It seems that the common commercial turpentine is the most effective, probably because it is the richest in ozone from having been exposed to the air. Turpentine appears also to prevent fatty degeneration of the tissues. To repair the damage to the blood Jurgensen has employed with success transfusion, and Dr. Roussel's improved apparatus makes this operation more available than before. Schouschard and Dybkowsky attribute the poisonous effects of phosphorus to its depriving the tissues of oxygen by being converted into phosphorated hydrogen, and this into phosphoric acid at the expense of the blood, and then the tissues it feeds. The readiness with which phosphorus combines with all fatty matters renders it imperative that animal fats should be wholly excluded from the food of patients recovering from poisoning by solid phosphorus.—*The Doctor.*

BELLADONNA AS A CEREBRAL STIMULANT.—Dr. Theo. H. Jewett, in a paper before the Maine Medical Association, maintains that belladonna is not a simple narcotic only, as has been generally

supposed, but a brain stimulant and tonic of the first order. It is the special and appropriate remedy for congestion and inflammation of the brain, or for the debility of which they are the results. It is also the remedy for many affections, congestions, inflammations, and perverted action of many organs whose integrity is dependent upon a normal condition of the brain.—*Med. Brief.*

FORMULÆ.

[Communicated by various practitioners.]

R. Ammonia hydrochloratis..... ℥ss;
Spiritus ætheris comp..... ℥ss;
Elixir glycyrrhizæ ℥iijss.

Sig. Dessertspoonful to tablespoonful every four hours in Asthmatic Cough.

R. Fluid extract ergot..... ℥ss;
Tinct. cantharides..... ℥ss;
Tinct. ferri muriat..... ℥ss.

Sig. Twenty to thirty drops in water three times a day. For Gleet.

Take of bichloride of mercury, 1 part; alum, 20 parts; starch, 100 parts; water, 2,500 parts. Mix. Apply freely to parts in Pruritus Vulvæ.

CHLORAL PLASTER.

"Dr. Solari, of Marsailles," says the *Medical Examiner*, "recommends the chloral plaster as an excellent application in cases of neuralgia, and of pains resulting from exposure to cold. The plaster is easily prepared by powdering the chloral over a common pitch plaster, one or two scruples of the chloral for every four square inches of plaster, care being taken not to incorporate the chloral with the pitch.

PHOSPHORUS PILLS.

In the *British Medical Journal* Mr. Wm. Martindale gives the following directions for making pills of phosphorus with the oil of theobroma, which he recommends to be used when patients cannot be got to take phosphorized almond oil. One per cent of phosphorus may be obtained in the following way: Having melted the oil contained in a wide-mouthed bottle placed in a water-bath, add the phosphorus, and partly closing the mouth of the bottle heat till this too melts and the temperature of the mixture becomes about 180°

Fahr.; then cork it tightly, and with a little brisk agitation the phosphorus will dissolve almost immediately. Allow the fluid to cool and solidify; and having in this condition divided it into suitable lots for rolling, beat each in a mortar before applying it to the machine, and work off quickly. A three-grain pill will contain one-thirty-third of a grain of phosphorus. They may be coated with a solution of sandarac in absolute alcohol in the following manner: place the pills in a covered pot and pour upon them a few drops of the solution; agitate well, and turn them out upon a slab; separate them from each other, and allow them to dry in the air.

HYDROBROMIC-ACID COUGH MIXTURE.

Dr. J. Milner Fothergill says the following is a really charming cough mixture, efficient as well as palatable:

℞ Sp. chloroformi..... *℥xx*;
 Acid. hydrobromic..... *℥ss*;
 Syr. scillæ..... *℥i*;
 Aquæ..... *ad ℥i*.

Ter in die. Any other acid is, he says, very agreeable; but the hydrobromic, from the effect of bromine upon reflex mechanism, allays the cough often so troublesome. It possesses much the same action as opium, without the ill effects upon the digestive organs or the bronchial secretion.—*Lou. Med. News.*

TAPPING IN OVARIAN DISEASE.

"Tapping an ovarian tumor is always attended with danger, and ought not to be resorted to without important reasons. This operation is especially hazardous in the polycystic variety.

"It is allowable in monocysts, when the diagnosis is doubtful, for the purpose of deciding the nature of the fluctuating mass.

"When the collection of fluid is very great and the patient in an exhausted condition, by evacuating it the patient will generally recruit under proper treatment. She will then bear ovariectomy better.

"If for any reason ovariectomy is impracticable, we may often palliate the suffering and prolong the life of the patient by tapping one or more times, as the case may require.

"Again, there is another condition, not very rare, in which tapping may be relied on as curative, *i.e.*, when the vitality of the tumor is decreasing. This condition is more frequently observed in patients somewhat advanced in years, and is recognizable by what I would denominate tenta-

tive tapping, or the history of the case connected with this operation. If after several evacuations the length of time in which the tumor fills up is increasing, we may expect by repetition of the operations the vitality of the growth will be exhausted and eventually will not fill again. I have seen two remarkable instances of this kind, in which the patients recovered after they had been tapped a number of times."—*Chicago Med. Journal.*

INDICATIONS FOR OVARIOTOMY.

"We are justified in the performance of ovariectomy only when the patient's health is becoming impaired in consequence of the presence of the tumor. This will occur when it is large enough to press mischievously upon the vital organs. Of course other indications, under special circumstances, may determine the propriety of the operation, but it would not be expedient here to enter upon the consideration of them, as it would require too much space.

"Ovariectomy should not be thought of until the diagnosis is so clearly demonstrated as to leave no doubt in the mind of the operator.

Mr. Bryant, surgeon to Guy's hospital, thinks that tapping should be omitted in the majority of cases, unless needed for the purpose of diagnosis. Spencer Wells, however, whose vast experience gives weight to his opinion, thinks that previous tapping does not materially affect the safety of a subsequent ovariectomy.

My Bryant thinks that ovariectomy should be performed in almost all cases of benign polycystic ovarian tumor, except when the patient's health is so broken down as to render it nearly certain that she will not endure the operation. As to the time to be selected he thinks ovariectomy should not be thought of until the health of the patient begins to suffer seriously from the growth of the tumor.

Jonathan Hutchinson discourages mere tapping, but speaks favorably of injections of iodine in the few unilocular cases. He favors ovariectomy strongly in proper cases, and reckons the risk at about 33 per cent.

Spencer Wells, and all the other great ovariectomists, of course favor the operation in proper cases, and it is scarcely worth while to quote against their decisive authority, the crude objections of less experienced men in the earlier years of the discussion of this subject.—*Chicago Med. Journal.*

NITRIC ACID INJECTIONS AFTER LITHOTRITY.—The following case came under the observation of R. Harrison at the Liverpool Infirmary. Examination of the patient having revealed the existence of a rounded stone two and a quarter inches in diameter in the bladder, this was crushed a num-

ber of times, but the phosphatic deposit repeatedly formed again. Analysis of the urine, two days after crushing, on one occasion showed a very large proportion of phosphates. One day later, half a pint of tepid water containing two drachms of dilute nitric acid was injected into the bladder. The urine collected the day following contained nearly twice as much phosphatic matter, showing a marked solution of the stone to have taken place. The injections were repeated nine times after operating with the lithotrith. Under this treatment the patient made a good recovery, and left the infirmary quite well. Mr. Harrison says, "The use of the acid appeared to me at once to stop any further deposition of phosphates, and to facilitate the removal of the pieces as they were broken up by the lithotrith."—*British Medical Journal*.

ON THE USE OF THE BALSAM OF PERU.

Dr. Wiss, in a paper read before the Berlin Medical Society, (*Deutsche Med. Wochenschr.*, 1876, No. 48.) summed up his experience with the Peruvian balsam as follows :

The balsam, at first moment when applied to the wound, causes a slight burning, but afterward all pain ceases, even in the most severe and painful wounds.

Fresh wounds never inflamed under the treatment; and in inflamed wounds the inflammation quickly subsided.

The balsam prevented suppuration, and putrid decomposition was not observed in a single case, notwithstanding the most unfavorable local and climatic condition under which the patient had to live.

Even lacerated wounds showed a great tendency toward healing by first union. One night the doctor was summoned to attend a young man whose scalp had, by some blunt instrument, been torn into three flaps, so that the skull was laid bare to great extent. The bleeding arrested and the wound cleaned, Peruvian balsam was freely applied on the raw surfaces, which were then dressed with a simple compress. The next day the wounds were healed except a small spot in their centre which also closed up in a few days, without the discharge of a drop of pus.

The anti-purulent property of the balsam induced Dr. W. to test its efficiency in cases of chronic pulmonary catarrh with a copious mucopurulent secretion. He gave the balsam in an emulsion of the yolk of eggs (ʒj ad ʒiv, a table-spoonful every two hours.) Two elderly persons afflicted with chronic blennorrhœal bronchitis for several years, were completely and permanently restored, the one within ten days and the other within three weeks.—*Chicago Med. Journal*.

DEATH OF SIR WILLIAM FERGUSSON, BART.

Sir William Fergusson, President of the Royal College of Surgeons and Sergeant-Surgeon to the Queen, died Feb. 10, in London, at the age of 69. He was born at Prestonpans, East Lothian, Scotland, March 20, 1808. He received his early education at Lochmaben Grammar School, and continued his studies in the High School and University of Edinburgh. He began his professional studies at the age of eighteen, under the noted anatomists Drs. Knox and Turner, the latter of whom occupied the chair of Surgery in the Royal College of Surgeons, Edinburgh. His progress was so rapid that in less than a year he became the confidential assistant of his learned and skilful preceptors in the preparation of their "subjects." He continued his intimate professional relations with Dr. Knox for nine years, and thus enjoyed opportunities for pursuing his favorite study— anatomy—rarely presented to the medical student of his day. He became a licentiate of the Royal College of Surgeons in 1828, and a Fellow of that corporation the year following, and in 1831 he began to lecture on the principles and practice of surgery. In 1836 he was appointed Assistant Surgeon to the Royal Infirmary, and was chosen a Fellow of the Royal Society of Edinburgh in 1839. A year later he removed to London, where he was Professor of Surgery in King's College and Surgeon to King's College Hospital. He was chosen a member of the Council of the Royal College of Surgeons, London, and for some time was Professor of Surgery and Human Anatomy in that institution. For five years he was Examiner in Surgery at the University of London, and was chosen member of most of the medical and scientific societies of Great Britain, being a Fellow of the Royal Society of Great Britain, Vice-President of the Royal Medico-Chirurgical Society, a Fellow of the Obstetrical Society, and President of the Pathological Society. At the time of his death he was President of the Royal College of Surgeons. He was also Consulting Surgeon to the Hospital for Consumption and Diseases of the Chest, to the British Home for Incurables, to the Hospital for Diseases of the Throat, to the Scottish Hospital, to the Caledonian Asylum, and Honorary Surgeon to the St. George's Hospital. He was also Surgeon Extraordinary to the Queen. Among his works he has left *A System of Practical Surgery*, and *Progress of Anatomy and Surgery in the Nineteenth Century*, which was published in 1867; besides special papers on Cleft Palate, Lithotomy, Lithotrith, Excision of Joints, Aneurism, and other subjects.

THE EFFECT OF ERGOT ON THE CHILD.—Dr. Hugh Miller, physician accoucheur to the Matern-

ity Hospital, Glasgow, remarks, in a letter to the *Lancet*:—I think it is a well-established fact that the employment of ergot, either as a uterine tonic or as a direct excitant in parturition, has an injurious effect upon the offspring, unless a speedy delivery is accomplished after its administration. At the onset of general exhaustion of the patient, I find it safer, both for mother and child, to apply the forceps, and effect the delivery by their aid. In April, 1874, I explained my reasons for adopting this treatment, and with increased experience I have seen no cause since then to alter my views. *Med. and Surg. Reporter.*

TAXING THE DOCTORS.

An Ordinance is under consideration by the Board of Supervisors of San Francisco, proposing to tax various professions and trades, physicians included. The tax on physicians is placed at \$10 quarterly on all who will not take oath that their income is less than \$250 per month.

A committee has been appointed by the San Francisco Medical Society, at a late meeting, for the purpose of presenting their protest against the proposition to impose a license on the physicians of this city. They object to the tax because physicians are already required to bear a much larger proportion of the public burden than any other class of citizens. San Francisco is probably the only large city in the civilized world where no provision is made by the public authorities for the medical care of the indigent out-door sick. There are no physicians employed as in other cities to attend to the poor, nor is the slightest provision made to supply them with medicines. It follows that they are dependent altogether on the gratuitous services of medical practitioners. These services humanity constrains them to render. It may be safely said that the physicians of San Francisco devote more time and labour to the service of the poor than the aggregate of all other professions and occupations. A considerable estimate of the value of these services, at the ordinary rate of charging, will show that they average at least \$100 a month, and possibly twice that sum, for each 300 or 350 physicians—making an aggregate of nearly or quite \$40,000 per annum. Besides this nearly all the public and private charities are served by them without compensation. Of the eight physicians on daily duty at the County Hospital, only four receive any pay, and each of these four receives but \$100 per month for his long daily journey and his time spent in the wards. The only dispensaries for the poor are not only attended by physicians gratuitously, but some of these physicians actually supply the medicines at their own cost. In the exercise of these unpaid labours they

are called out in the night and required to expose themselves to danger from violence as well as contagious and malignant diseases.

These statements are not made in the way of boast or complaint, but are extorted in self-defence by what they regard as a measure of injustice and ingratitude. It is not so much the amount of money involved in the tax, of which they complain, but it is that a wealthy city, whilst making not the smallest provision for its out-door indigent sick, and whilst thus throwing them entirely on the charity of the medical profession, should, by imposing a tax, declare to the world that these arduous and unpaid services of the profession are not appreciated or acknowledged.

Another point to which the committee calls attention, is the heavy tax on the time of medical men imposed by their compulsory attendance in courts as witnesses and experts in criminal cases. A large proportion of criminal trials involve the testimony of physicians, numbers of whom are often taken from their proper business in a single case day after day. In fact the circumstances of society and the nature of the practice of medicine and surgery, create a necessity for the performance of a much larger share of service to the public than falls to the lot of any other class of citizens. And for this reason they may consistently claim exemption from such a tax as is contemplated.—*Pacific Med. Journal.*

SUGAR IN HEALTHY URINE.

DR. PAVY, in his article *On the Recognition of Sugar in Healthy Urine. (Guy's Hospital Report)* gives us the details of a process by which he has succeeded in demonstrating the existence of sugar in normal urine. Two or three quarts of healthy urine are first treated with the neutral plumbic acetate, until a precipitate is no longer produced, for the purpose of ridding it of urea, and other ingredients. Sugar is not carried down by lead in an acid solution, but if the supernatant liquid is now siphoned and treated with ammonia and plumbic acetate, it falls with the lead as a definite compound, consisting of two atoms of sugar and three of oxide of lead. After thoroughly washing the precipitate to free it of the ammonia, it is treated with sulphuretted hydrogen, which displaces the lead. The product is then subjected to filtration, and after washing the filtrate, the lead washings, which will contain any sugar that may have been present, are brought to a small bulk by evaporation over a water bath. Decoloration is next effected by animal charcoal, which has been thoroughly purified from lime. Reduced to a concentrated form, the product is now ready for the application of the various tests.

With a specimen of the product obtained by the

above process, Dr. Pavy obtained, with Moore's test, a dark-brown coloration. The bismuth (Bottger's) test became black. The copper solution gave a copious precipitate of orange-yellow reduced oxide. As long as the solution has an acid reaction, fermentation cannot be excited in it; but it is readily produced if it be brought to the neutral state before the addition of yeast. As the result of his experiments, Dr. Pavy has reached the conclusion that healthy urine contains about half a grain (.565 grain) of sugar to the pint.

In conclusion, the author says:—

"I regard the fact that sugar is susceptible of recognition in healthy urine as of the highest importance with reference to the glycogenic theory. It tells strongly against the validity of this doctrine. I strenuously contend that there is no active destruction of sugar carried on in any part of the circulatory system. If sugar reach the general circulation, whether from the liver or by artificial introduction from without, it is to be discovered in the blood of all parts of the system. Under natural circumstances, the blood contains only a minute proportion of sugar; and still, from this minute proportion, the urine acquires a recognizable saccharine impregnation. Such being the case, what, it may be asked, might be reasonably looked for if sugar were constantly being discharged from the liver, as is maintained under the glycogenic theory?"—(*American Journal and Medical Sciences.*)

INFLAMMATION AND CONGESTION—THEIR RELATIONS.—Dr. G. R. Peaslee (*N. Y. Med. Jour* Jan. 1, 1875), summarizes his views on this subject as follows:

1. Inflammation is not a mere state of a part, as quoted from Celsus for almost 1,700 years, in which there is redness, heat, pain and swelling. It is a process going on in a part; and the four signs just mentioned do not distinguish it from still another pathological condition.

2. Congestion is merely a state of a part in which redness, heat, pain and swelling may exist, but it is not a *process*.

3. Inflammation has its own characteristics, immediate effects and sequelæ, if any at all ensue, and they very frequently do ensue. Congestion, also, has its own effects and sequelæ, both differing, however, from those of inflammation, and much more rarely ensuing.

4. Inflammation is *not the reparative process*, as is still asserted on the now obsolete authority of Hunter, who would scorn such a proposition were he the physiologist of to-day instead of a century ago. But it is directly opposed to and preventive of it. If inflammation attack a wound while healing, the reparative process is at once arrested and a retrograde action ensues till the inflammatory process ceases.

5. Inflammation is a process *sui generis*, as shown by its phenomena and effects; the reparative is another process unlike all others in its symptoms and result. The former is always pathological, always to be deprecated and rarely to be invoked. The latter is always a physiological process and always desirable in the circumstances in which it can occur.

6. Inflammation is always the same process wherever found, though modified by the structure and the state of the part. It very rarely occurs primarily in the muscular tissue, whether striated or non-striated. Congestion is also rare in the former and very common in the latter, and in the uterus and the ovaries it is, during menstruation, a physiological condition.

7. Inflammation is frequently accompanied or followed by suppuration and by ulceration, but both of these may occur independently of it. The presence of either in a part, therefore, is not to be accepted as proof of the previous existence of inflammation there without other corroborative facts. Suppurative and ulcerative inflammation are terms generally indicating no peculiarity in the process itself, but only in the disposal of the inflammatory exudation.

8. Inflammation is essentially an acute process which may be repeated an indefinite number of times in a part with intervals of varying duration, though always itself characterized by a short duration. Congestion, on the other hand, may continue through protracted periods—many months and even many years.

9. Chronic inflammation is, therefore, a contradiction and a chimera. The so-called chronic inflammations of the uterus are simply chronic congestions; actual inflammation may, however, recur from time to time, in a chronically congested part, there to rapidly run its course and disappear.—(*Detroit Med. Jour.*)

TREATMENT OF ECZEMA OF THE SCALP.—Dr. L. Duncan Bulkley, (*Archives of Dermatology*) for Jan. The following is on the treatment of this obstinate disease:

"When the hair is greatly matted down by the exudation, the best method is to have it thoroughly soaked in cod liver or almond oil for twenty-four hours, then to be thoroughly washed *once* with white castile soap and luke-warm water, dried carefully, and then the appropriate ointment is to be thinly but evenly applied to *every part of the affected surface*, the hairs being carefully separated so that the ointment reaches the scalp. For this purpose I very commonly use an ointment of sub-nitrate of bismuth (℞ss ʒi ad ʒi), in rose ointment or cosmoline, or oxide of zinc or tannin in the same proportions; the itching will be more relieved by the addition of a drachm or two of tar ointment in the entire ounce. In all probability this will not be

sufficient entirely to prevent the formation of crusts, although their production will be in a great measure hindered; the application of the oil may then be repeated and the head again washed a single time and the ointment kept applied. The error, as stated with reference to infantile eczema, is generally on the side of too frequent washings.

"Although the scalp will bear, as a rule, more severe applications in eczema than many other parts, it is not well to go on to the stimulating remedies too soon; but when exudation has ceased and mainly redness, some chronic papulation, and scaling remain, citrine ointment properly diluted (3i—3ij to ʒvi of rose ointment) will give much relief, as also stronger preparations of tar, and even frictions with the green soap, *sapo viridis*."

FINED.—The Fenelon Falls *Gazette* says, an elderly man calling himself "Doctor" Miner was bought before Thomas Lockhart, Esq., J. P., at the instance of Dr. Bigham, of this village, and fined \$25 and costs for an infringement of the Ontario Medical Act by practising without a license. The defendant, who advertised himself as able to cure all diseases to which humanity is subject, "especially cancers," had been staying for a few days at the McArthur House, and had been consulted by some of those misguided individuals, so numerous in every locality, who have more faith in the skill of pretentious strangers than in that of properly qualified resident medical men. Mr. Miner, in pleading for a mitigated penalty, stated that, although a practitioner of long experience in the United States, he was ignorant of the law existing in Canada with regard to his profession, which may or may not be true; but as he had no "credentials" to bear out the first part of his statement, and the second was received with some credulity, he was mulcted in the sum above mentioned, and the sum was at once paid, defendant having apparently a little gold mine in at least one of his pockets.

INJECTIONS OF HOT WATER IN UTERINE HÆMORRHAGES.—After an experience of two years with this treatment in the most different and the severest cases of uterine hæmorrhage, Dr. Windelband states his conviction that hot injections are invaluable and certain in their effect. They are preferable, when help is urgent, to cold and astringents of all kinds. In the numerous cases of uterine hæmorrhage which have come under his notice during the above period, the tampon was applied only once, and then only because, from the urgency of the case at night, no syringe or apparatus could be procured. In regard to the application of the method to pathological processes without hæmorrhage, single observations induce him to hope for good results, especially in dilatation of the organ, in displacements and relaxation of the attach-

ments, etc. While making the injections the patient always lies on her back, and a simple irrigator, which gives a continuous and energetic current, is employed. The temperature of the water at first is about 90° Fahr., and is raised, according to the urgency of the case, to 105° Fahr.; this can be done without fear, as the sensitiveness of the genital organs to the heat soon diminishes. One of the advantages of the method, besides its precise and prompt action, is, that the hot injections do not by any means cause unpleasant sensations and after effects, as is always the case when cold is employed. Hot injections never leave any unpleasant or dangerous reaction; indeed, they are very pleasant and agreeable to patients suffering from pain.—*D. Med. Wchschrft. Suppl. Med.-Chir. Wchschrft.*—*N. Y. Med. Journal.*

COLD BATHS IN INFANTILE DIARRHŒA.—Dr. Wocke contributes an article to the *Medizinische obosrenie*, in which he refers to the terrible epidemics of diarrhœa which prevail in summer, and which attack with especial severity those infants which are artificially nourished. The epidemic is due in part to the deleterious influence of the elevated temperature on the infantile organism, and in part to the injurious effect which the heat exerts on the aliment, the milk, and the air inspired. To eliminate the first cause, the author recommends cold bathing, from theoretical considerations. The result has been very happy. The wasting children, reduced by vomiting and diarrhœa to a deplorable condition, were as if regenerated by the second day after the baths were commenced. The immovable look and the restlessness disappeared; sleep was restored, the appetite increased, and the diarrhœa diminished. The cold bath acts on the child as a tonic, and enables it to resist the noxious influences, and internal remedies then exert a better influence. Dr. Wocke commences his treatment with cold douches to the head and stomach, then passes the baths, commencing at a temperature of 26° C. and reducing them to 22°. A lower temperature might prove injurious. Three baths a day are sufficient. The author has cured about one hundred cases by this method.—*Lo Sperimentale*, No. 10, 1876.—*O. B. Med. Journal.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following questions were given at the primary examination for the membership on the 12th ult.:

1. Describe the coagulation of the blood, and mention the various circumstances which accelerate or retard it.
2. Describe all the characters by which the duodenum is distinguished from the lower portion of the ileum.
3. Describe the various structures which form the hip-joint. Name and classify the muscles which act upon the joint.

specifying the nervous supply and action of each. 4. Give the course and relations of the axillary artery and the dissection necessary to expose it. Name the branches arising from its first part, and describe their anastomoses. 5. The superficial muscles of the calf being removed, describe the parts brought into view between the lower border of the popliteus and the heel. 6. Describe the course and relations of the vena portæ outside the liver. Mention the veins which directly and indirectly form it, and the several communications which exist between it and the general circulation.

Medical Items and News.

TREATMENT OF PNEUMONIA.—Some cases under the care of Dr. Johnson have been reported during the month in the *Lancet*. In one no active treatment was required, but in another the dyspnoea and general distress with cyanosis was such as to call for venesection, and this was followed by great relief. In a case with pleuritic pain three leeches relieved, after subcutaneous injection of morphia had failed. Brandy was used in some cases, but Dr. Johnson said it was rather as a sedative and anæsthetic than as a stimulant. In ordinary cases he held alcohol should never be given, but when there is great rapidity of pulse and breathing, with much nervous excitement and restlessness, and a tendency to delirium, he found a moderate cautious use of brandy to be beneficial. How different is this doctrine from what was formerly taught at King's a generation ago. Old King's men would do well to compare their own practice with the progress made at their *alma mater*.—*The Doctor*.

VARICOCELE—SIX CASES TREATED BY ONE METHOD.—We saw seven cases of varicocele, in five of which the disease was confined to the left side, and in the remaining two it was developed on both sides. Six of these patients were under treatment by means of mechanical pressure afforded by a truss, and this was aided by a suspensory bandage. The odd case, the disease being only slightly developed, was treated by means of the suspensory bandage alone. Support the pendant parts and at the same time make moderate compression immediately over the external abdominal ring. To make pressure, an ordinary hernia truss was used, with the addition of a perineal band to secure it perfectly in position. The aim was to make such an amount of pressure as would moderately compress the veins at that point, and only for purposes of cleanliness. It was believed by the visiting surgeon that we should not resort to any more violent means of cure in a majority of cases, and that in a large proportion favorable results might be expected. [—*Med. Record*.—*Pacific Med. Journal*.

INJECTIONS OF BROMINE FOR THE RELIEF OF CANCER.—A correspondent of the *British Medical Journal*, writing after a visit to the Samaritan Hospital, says: "We saw also, with Dr. W. Williams, a woman, aged fifty, whose cervix uteri had been amputated for epithelial cancer by Mr. Baker-Brown, eight years before. The actual cautery had been applied later by Dr. Routh, and later still Dr. W. Williams had injected bromine at three sittings, after which the whole of the affected parts came away, and complete healing took place. The parts were now quite sound. There was apparently only an inch of uterus left. The solution used is one part of bromine to three of rectified spirits. This develops heat, and should be prepared some time before being used. From five to ten minims are injected into the tissues by means of a long syringe with a platinum nozzle and an India-rubber piston. It is desirable to remember that it may destroy the sense of smell in the operator, and that this may be prevented by placing alkalized cotton-wool in the nostrils."—[*Louisville Med. News*.—*Ibid*].

INSTANTANEOUS CURE OF HYDROCELE.—Dr. Macario, of Nice, contributes to *L'Abeille Medicale* some interesting cases treated by electro-puncture. In the first case, two needles were plunged into tumor, one at the base and the other at the apex. On connecting the needles the pain was such that the patient refused to continue treatment. Nevertheless, the next day the liquid had disappeared and had not returned at the end of nine years. In the next case absorption was even more rapid, a tumor the size of the two fists, dating from fifteen months, having vanished in the evening after a single sitting of one minute. Dr. M. has also reported to the Institute several other cases treated, some by electro-puncture, others by simple induced currents, and it is more than fifteen years since he recommended this method, which has been followed by several others with considerable success. —*The Doctor*.

DROPSY AFTER TYPHOID FEVER.—The London *Medical Record* states that, at a late session of the Berlin Medical Society, Dr. Henoch related the case of a girl, aged nine, who was admitted into the Charité Hospital, on December 3rd, 1874. She had been attacked with typhoid fever four weeks previously, and on admission had numerous abscesses on the scalp, and a temperature of 103.6 Fahr. In ten days the abscesses had healed, and she was free from pain. There now appeared extreme debility and emaciation, with sordes on the teeth and tongue, coryza, and bronchial catarrh; but what especially attracted attention was œdema of the eyelids. The urine, carefully examined, gave no traces of albumen. The abdomen was distended, and a considerable degree of

ascites was detected. There were no other morbid symptoms, and all the organs performed their functions normally. The treatment consisted of decoction of cinchona and port wine, with nutritious diet; recovery was rapid, and the child was dismissed, cured, on January 27th. The occurrence of dropsy from typhoid fever was rare. It had been noticed by Griesinger and Liebermeister, and by Rilliet and Barthez. It might be due to—1, anæmia or hydræmia; 2, debility of the heart; or, 3, changes in the liver.—*Ibid.*

THE TREATMENT OF CARBUNCLE BY BLISTERS.—Mr. Jules Guérin, in a communication to the Académie de Médecine (Goz. des Hôp.) says that the most efficacious mode of cutting short the progress of a carbuncle and hastening its cure is to cover the whole of the inflamed part with a large blister having a hole in its centre to admit of discharges. The blister must be continued on until complete vesication has taken place, and any portion of the carbuncle over which this has not done so, will remain hard and resistant. When the blister has taken effect the pain is at once relieved, and the redness and resistance of the tumor disappear, and it becomes benign and inert, its enucleation proceeding under the use of ordinary means without the aid of the bistoury. When after the discharge of its contents a deep excavation remains, it is useful to apply to the walls a solution of nitrate of silver, with the object of obliterating the open vascular orifices and impeding the absorption of the diseased liquid.—*Med. Times and Gaz.*

BICARBONATE OF SODA IN SUPPRESSION OF URINE.—Dr. W. L. Lane states (*Brit. Med. Journ.*, July 15th) that he has found nothing so useful in suppression of urine from renal disease as the bicarbonate of soda. He has used it in a great many cases with success, and quotes the following remark of Dr. Dickinson in his lectures on albuminuria as confirmatory of his statement:—"But it is worth mention," says Dr. D., "in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, while the urine is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging from this cause can be prevented by alkalies."

NEW ANÆSTHETIC AGENT.—The *Lancet* states that Rabuteau, in a memoir read before the Académie des Sciences, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to

produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty, and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely, or almost completely, by the respiratory passages, in whatever way it may have been introduced into the system.—*Students' Journal and Gazette.*

TEST FOR BILE.—Dr. James Sawyer says, in a note to the *Lancet* on the use of iodine as a test for bile in urine: "I have used this test for nearly ten years, my first knowledge of it having been gained from Flint's 'Practice of Medicine.' I have found it best to place two or three drops of iodine-liniment in a test-tube, and then to add about two drachms of the suspected urine. If the coloring-matter of bile be present the mixture will assume on agitation a brilliant sea-green color. This is a ready and reliable test, and one which I have long preferred to all others with which I am acquainted."

BEAUTIFUL PICTURES.—We have received from the Fine Art Publishing House of Geo. Stinson & Co., Portland, Maine, several pictures recently published by them. The subjects, as works of high art, deserve the highest praise. Stinson and Co. were among the pioneers in the Fine Art publishing business in this country, and year by year their business has grown, until at the present time it has assumed colossal proportions. They publish every description of fine works of Art, from a chromo to a photograph—from a fine Crayon drawing to the most excellent Steel Engraving.

NEW DRESSING FOR FRACTURED CLAVICLE.—Dr. Eddowes describes in the London *Lancet* what he considers a new method of treating fracture of the clavicle. The only peculiarity in his method is the substitution of an air-bag for the common axillary pad. The bag is placed in situ, the dressings arranged, and then the bag is inflated. The volume of the air-bag can of course be regulated at will.—*Pac. Med. Journal.*

THE ASPIRATOR IN STRANGULATED HERNIA.—Dr. Lane reports a case of strangulated inguinal hernia, in which all attempts at reduction by taxis failed utterly until an aspirator was introduced, and an ounce of serum with a large quantity of gas withdrawn. The hernia then slipped back at once into the abdomen. The case went on to entire recovery.—*The Lancet.*

BISMUTH IN ECZEMA.—An ointment, containing about one drachm of bismuth subnit. to the ounce, relieves greatly the itching and pain of eczema and many other forms of skin diseases.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Issued Promptly on the First of each Month.

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

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TORONTO, MARCH 1, 1877.

RECIPROCITY IN MEDICAL MATTERS.

We incline to the opinion that the Medical Councils of England and Ontario, in their anxiety to legislate for the benefit of their enrolled members, have been oblivious of the moral of one of Æsop's fables, "The Traveller, the Wind, and the Sun." Our Ontario Council, with the view of compelling reciprocity, enacted in our judgment unwisely, that members of the various colleges of Great Britain applying for license should be subjected to the same examination as students. It is true that by clause 22, in the Ontario Medical Act, it is optional for the Council to admit to registration all such persons as are duly registered in the medical register of Great Britain, upon such terms as the Council may deem expedient, but we are not aware that it has ever been acted upon. Dr. Gowan, the immediate successor to Dr. Workman, certainly never received any intimation that his examination would be a mere *pro forma* one. The recent notice then to Sir Hugh Allan, that in the future none but members of the Royal College of Surgeons would be eligible as ship surgeons, may be viewed as the natural outcome of our exclusiveness. We fully recognize the right of the Dominion and British Councils, to prescribe the conditions under which the practice of medicine and surgery shall be conducted. It is not merely their right but their paramount duty. There is no subject of equal importance, in which people are so likely to be the victims of imposture, as in estimating the pretensions of persons who pretend to practice medicine, and it is imperative in the interests of the public, to require from all such persons a proper qualification. But to the holders of degrees from British Universities no suspicion of incompetence could attach. A country is probably

the gainer by all the competition within the limits, just mentioned, of due precaution against imposters, and we think it would not only be courteous but wise for both English and Canadian Medical Councils to promptly abandon their present illiberal course, and substitute the broader one of reciprocity. The high position Canadian students, for years past, have taken at the Hospitals and Examining Boards should be sufficient to convince them that in preparatory training and medical curriculum the Canadian students are quite on an equality with the English. About the same time of the receipt by Sir H. Allan, of the Liverpool manifesto relating to ship surgeons, a measure was introduced into the French Legislature which, if it passes, would prove prohibitive of the practice of medicine in France by British or any other foreign physicians, no matter what their qualifications. The result would be simply driving away the hosts of English and American invalids that every year resort to Cannes, Nice, Hyeres, Mentone, and the whole region of the Riviera. The invalids in their temporary exile wish to be under the medical charge of their own countrymen, a large medical and surgical staff hailing from England and America being always obtainable at these fashionable resorts, and rather than be forced to employ French physicians and surgeons they would resort to other countries, where no such oppressive and unreasonable restrictions were imposed upon them. In Spain, and elsewhere, localities equally favorable for invalids may be found, the Governments of which would be too well aware of the benefit to be derived from a large influx of rich English and American visitors, to dream of driving them away by restrictive enactments. From the *Times* of the 29th of January, we notice that official communications have been established between the President of the Medical Council and the Foreign Minister and between the English Ambassador in France and the French Ministry, on this subject of proposed restriction of practice by British physicians in France. The Duc D'Ecazes has informed Lord Lyons that the minister of public instruction had thought it inexpedient to take in this instance the somewhat unusual course of restricting the simple consideration of a Bill, in opposition to the report of the initiative committee, but that the Government had determined to offer a strenuous opposition to Mr. Marvaise's bill in its future

stages. We trust that an equally wise consideration of the equal claims of colonial graduates from recognized universities will be admitted by the English Council, and the unwisdom and injustice of present arrangements be done away with. The English schools will greatly benefit, as many students are now restrained from visiting them and taking English diplomas, from the simple fact that on their return they are again mulcted by the Ontario Council.

THE PREVENTION OF EPIDEMICS.

In the matter of preventing the spread of epidemic diseases every individual should do his part.

If the germ theory of disease be true, and we believe it is, the spread of epidemic diseases may be prevented by three methods of procedure—
(a) When epidemic diseases prevail the best and most reliable method is by *measures of isolation*, so as to prevent the distribution of the poison germs.

(b) Where large numbers of persons dwell in close proximity to each other, as in towns and cities, effectual measures for drainage, sewerage, and general cleanliness, ventilation of dwellings and disinfection must be attended to, so that the number and reproductive tendency of these germs may be reduced to the minimum.

(c) By the cultivation, promotion and preservation of the highest possible state of health attainable by each individual, so as to secure a resisting power in the individual greater than the disease or disordering action of the germ. Persons in vigorous health possess a greater power of resistance to the inroads of disease than those who are disabled by disease or bodily weakness. Most eruptive fevers and other contagious and malignant types of disease, are in reality the result of filth-accumulation originally, in some form or other, and under some set of conditions favourable to the development of disease germs. This is all preventable. Cleanliness of the person and surroundings viewed in this light become of paramount importance as a prophylactic measure. Disease germs multiply in the exhalations from the body. This can readily be prevented by frequent ablutions with carbolic soap during health, while in eruptive fevers the anointing of the surface frequently with olive oil, tends to prevent the exhalations

from the skin from propagating disease by setting free a number of disease germs to float in the surrounding atmosphere, and they can never do much harm unless the air is loaded with them.

The Athenians held olive oil in high esteem, for its invigorating influence upon the body when employed by inunction. Its virtues are well known to athletes, and the influence of oil rubbings in preventing consumption is also well known. The regulation of the diet is also of the greatest importance, people should "eat to live," and not "live to eat." Food should be plain, wholesome and well prepared, and should be partaken of at regular intervals and in moderate quantities; gormandizing is a fruitful cause of disorder of the vital organs. Exercise should always be secured, of suitable quantity and quality, and daily open air exercise in all weathers—with proper clothing to suit the weather, should be secured. The proper and frequent ventilation of bed-rooms, dwellings, work-shops, school-rooms, and places of public resort is imperative, to the prevention of the cultivation of disease germs.

Clothing worn should be changed frequently and when put off hung up to air, and all bed-clothes should be aired for two or three hours at least every morning; while night clothes should not be folded away immediately on rising, but should receive like treatment.

While due precaution is necessary in our severe Canadian winters to prevent the introduction of cold, there should at the same time be ample allowance made for the constant entrance and circulation of fresh air from without to replace that already used, and hence loaded with carbonic acid and other exhalations. This can always be secured without danger from catching cold, by tubes communicating with the outside, or by leaving a slight space between the sashes to admit air without a draft.

In cold weather sore throats are a common trouble; these can always be prevented by acquiring the habit of breathing through the nose—the organ provided by nature through which to respire. This one habit, persisted in, would prevent the inhalation of thousands of disease germs, which would be caught upon the delicate mucous membrane of the nostrils, or the minute hair sieve with which they are provided.

Preventive medicine has done much to secure exemption from, and the amelioration of disease, but much more remains to be done in this direction. In the matter of noxious gases—the immediate cause of many serious disorders—nothing has yet been done to assist humanity in resisting the introduction and detrimental effects of these effluvia. Here is a field in which all may toil; every one should be a sanitarian.

CARRYING WEIGHTS UPON THE HEAD.—A new plan has been devised for the physical development of girls and the correction of infirmities of the spine, &c. A writer in an exchange says, "Carrying light weights upon the head, as a bucket of water or other liquid, is an exercise that brings into play all the muscles of the neck, chest and back, and gives an erectness to the figure, by calling into requisition the balancing muscles of the system, which can be attained in no other way. Spinal and other deformities are readily curable in this way." Dr. Henry Spring, speaking of this matter, also says, "This exercise of carrying small vessels of water on the head might be advantageously introduced into our boarding schools, private families and gymnasiums, and that it might entirely supersede the present machinery of dumb-bells, back-boards, skipping-ropes, &c. Each young person ought to be taught to carry the jar, as the Hindoo women do, without ever touching it with her hands."

The Hindoo girls are very graceful and exquisitely formed. From their earliest childhood they are accustomed to carry burdens on their heads. The water for family use is always brought by the girls in earthen jars, carefully poised in this way. This exercise is claimed to strengthen the muscles of the back, while the chest is thrown forward. No crooked backs are seen in Hindoostan. The same practice of carrying loads upon the head leads to precisely the same results among the natives of Africa, and among the women of the south of Spain and Italy (who carry water upon the head), as in India. A Neapolitan female peasant will carry on her head, over a rough road, a vessel full of water to the very brim, and will not spill a drop of it; and the acquisition of this art or knack gives her at the same time an erect and elastic gait, expanded chest, and well-formed back and shoulders.

CONTEMPTIBLE ILLIBERALITY.—It is rumored that a short time ago a respectable medical practitioner in Goderich requiring a consultation upon a case under his care, at the request of the friends, sent for Dr. Jenks, of Detroit. He visited the patient, and after consultation an operation was determined upon, and a future day fixed for it to take place. In the meantime it came to the ears of a medical member of the Medical Council in this city issued orders for Detective Smith to be on hand and arrest Dr. Jenks if he attempted to take part in the operation. The Detective reported himself accordingly, and meeting Dr. Jenks in Stratford had the courtesy to tell him what was before him if he proceeded to Goderich. The Dr. at once telegraphed his inability to proceed, and returned to Detroit. We trust for the honor of the profession in Canada, that the above rumor is without foundation in fact. Dr. Jenks stands well with the profession in the United States. He is President and Prof. of Obstetrics in the Detroit Med. College, and was appointed by the Am. Med. Association one of the delegates to the Canadian Med. Association in 1874, and those who attended the meeting at Niagara Falls will remember him. We are well aware that according to our Medical Act, no one has any legal right to practice in Canada unless he becomes registered—but it was never contemplated by the Act to preclude any but those who remained in Canada for the purpose of practicing their profession—either as itinerants or in the ordinary way without legal qualification. There can be but one feeling in reference to the treatment of Dr. Jenks—and that is, that it was as unwise and impolitic, as it was mean and contemptible. What is the use of talking of a great International Medical Association, if the members of the Am. Med. Association are to be treated in this manner when they set foot upon our soil, to give the benefit of their kind offices to some of our respectable practitioners? We trust the Council will not endorse any such illiberal interpretation of the Ontario Medical Act.

IMPURE WATER.—We cannot too often warn the drinkers of water from wells near dwellings to beware of the typhoid poison, sure to be found sooner or later in these reservoirs, if any of the house drainage can percolate them. Even the gelatinous matter often found upon the stones of a

well is a poison to the human system, probably causing by its spores a species of fermentation in the blood. Wholesome, untainted water is always free from all color and odor. To test it roughly place half a pint in a clear bottle, with a few grains of lump sugar, and expose it, stoppered to sunlight in a window. If, after an exposure of eight or ten days, the water becomes turbid it is a sure indication that it has been contaminated by sewage of some kind; if it remains perfectly clear it is pure and safe.

INFLUENCE OF THE EARTH ON OUR BODIES.—The Rev. Louis Beaudret who was for several months a prisoner of war at Libby Prison, U. S., in an address lately delivered in Montreal, said he was for several weeks shut up in the second story of the building which he was never allowed to leave on any pretence whatever. At last he was allowed permission to go to an opposite prison to preach to the prisoners. The sensation he felt on again setting foot upon the earth he would never forget. He said he felt a reviving, and peculiarly exhilarating sensation as if electrified in a gentle manner. Now, said he, I think the influence exerted by the earth on our bodies, which, when being deprived of leaves us weak and languid is an influence much needed by invalids and old people. If the inmates of hospitals, houses, and asylums, were carried out into the grass plot or gardens attached to the institutions and allowed to have their feet brought into direct contact with Mother Earth it would do them a vast deal of good.

INJURIOUS EFFECTS OF ANXIETY.—To retain or recover health, persons should be relieved from anxiety concerning disease. The mind has great power over the body,—for a person to think he has a disease will often produce that disease. This we see effected when the mind is intensely concentrated upon the disease of another. We have seen a person sea-sick, in anticipation of a voyage, before reaching the vessel. A blindfolded man, pricked in the arm, has fainted and died, from believing he was bleeding to death. Persons in health, to remain in health, should be cheerful and happy; and sick persons should have their minds diverted as much as possible from themselves. It is by their faith that men are saved, and it is by their faith that they die. As a man thinketh so is he. If he will not to die, he can often live in spite of disease;

and, if he has little or no attachment to life, he will slip away as easily as a child will fall asleep. Men live by their minds as well as by their bodies. Their bodies have no life of themselves; they are only receptacles of life—tenements of their minds and the will has much to do in continuing the physical occupancy or giving it up.

UNCONSUMED GAS.—Ordinary Gas requires to combine with the oxygen of about $6\frac{1}{2}$ times its own volume of atmospheric air in order to be completely consumed. It will not combine with more, but, if it gets less, then part of the Gas which could not find enough of oxygen, must escape partially or wholly unburnt and in a condition very injurious to health. The remedy is free ventilation.

ALCOHOLISM IN ENGLAND.—The mortality from alcoholism in England in 1,000,000 persons living was 52 in 1864; and 50 in 1865.—In 1870 it had decreased to 29 per 1,000,000 persons living; in 1871 it was 32, in 1872, 31; in 1873 it was 34 per 1,000,000; in 1874 it rose to 45 per 1,000,000. With regard to the distribution of deaths, the returns show, that in Lancashire alone, occurred no fewer than 286, of the whole 1,053 deaths caused by alcoholism in 1874, or more than a fourth of the number in all England; Lancashire lost in that year 217 men and 71 women by excessive drinking, or more than double the number of such deaths in London, with a greater population.

With regard to the ages included, of the whole 810 men, who in all England died of alcoholism in 1874, there were 197 (little less than a fourth) under 35 years of age, 37 under 25, three of them died at the ages of 15 and 20. And of the 243 women, 48 (about one-fifth) were under 35 years of age, 7 of these being between 20 and 25 at their deaths. It would be interesting to know how the statistics of Canada compare with these.

STATISTICS OF DISEASES THAT KILL.—From the Registrar General's report, England, we glean the following:—

In the year 1874 two-fifths of the deaths in England, occurred from one or other of 15 causes. Bronchitis caused 53,022 deaths; phthisis, or consumption 49,379; atrophy and debility 30,995; CHIEFLY OF YOUNG CHILDREN. To old age are referred 28,604; 12,495 men, 16,109 women over 65, and some centenarians. Heart disease

accounts for 28,513 deaths; and convulsions caused 27,139; almost all of them among children. Pneumonia occasioned 25,927 deaths. Eighth on the list, stands scarlet fever, to which as many as 24,922 deaths are attributed. Diarrhoea caused 21,204 deaths, more than 18,000 of them occurring among children under 5 years of age. Apoplexy and paralysis caused 12,848, and 12,572 deaths respectively. Measles caused 12,255, and whooping cough 10,362. To cancer are put down 3,470 males, and 7,541 females. Last on the list of the 15 chief foes of life, comes premature birth, which in 1874, accounted for 10,527 deaths.

NERVOUS COUGHING.—Dr. Brown Sequard once gave the following instruction for the suppression of nervous coughing.—“Coughing can be stopped by pressing on the nerves of the lip in the neighborhood of the nose, a pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same means. Pressing, also, in the neighborhood of the ear may stop coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And, I may say that the will has immense power, too. A French Surgeon used to say, whenever he entered the walls of his hospital, ‘The first patient who coughs will be deprived of food to-day.’ It was exceedingly rare that a patient coughed then.”

THE RESPIRATOR VEIL.—The well-known physiologist Dr. Lennox Browne, has invented a respiration veil, which combines an ordinary veil with the increased utility of a common respirator. It is a simple blonde with a border about four inches in depth, of double silk gossamer sewn along the lower edge. This covers the mouth and nostrils completely, effectually protecting the wearer from the particles and other deleterious influences of the atmosphere, at the same time forming a pretty and becoming article of dress. As the breath has a tendency to lodge on the gossamer and form a dampness which would be unpleasant if allowed to touch the face, the veil can be rendered stiff by a little very thin wire gauze, which keeps it clear from the face. To prevent it from blowing up, it can either be tied firmly at the back of the head, or kept down by means of a small piece of elastic.

ATHLETIC TRAINING PRODUCTIVE OF HEART DISEASE.—The medical examiner of a prominent Life Insurance Company, says he always examines with unusual care, all applicants who say they have been gymnasts, and that he is compelled to turn away nearly three-fourths of those who excel in athletic exercises, because they have dangerously strained the organs of the heart.

CHANGE OF AIR.—Prof. Bencke says that irritable, nervous and excitable people should recruit their health upon the mountains, while those with good digestion should visit the seaside. This is based partly on the fact that bodies part with their heat more rapidly at the seaside than on the mountains. The indiscriminate sending of invalids to the sea side has been the occasion of much disappointment and in many cases mischief.

CANADIANS ABROAD.—J. Wishart, A. H. Wright, D. Fraser and F. R. Eccles, successfully passed the primary examination of the College of Surgeons, England, on the 17th of January. Dr. H. S. Stone, of New Brunswick; Dr. W. T. Ward, of Stanhope; and Dr. Kirkpatrick, of Toronto; have passed the final examination, and were admitted members of the Royal College of Surgeons, England, on the 22nd of January.

The death of Sir Wm. Fergusson took place on the 10th of February—a notice of which will be found in another column. His death will be deeply regretted by the profession on both sides of the Atlantic.

PERSONAL.—Dr. A. M. Rosebrugh, of this city, has just returned, and resumed professional work, after an absence of several months spent in New York and Philadelphia.

Ass's Milk contains more sugar than cow's milk, and has been found very useful for delicate children and consumptive persons.

APPOINTMENTS.—George Stanton, M.D., of Simcoe, to be an Associate Coroner for the County of Norfolk.

Thomas Beatty, M.D., of Lambton Mills, and Thomas Armstrong, M.D., of York Mills, to be Associate Coroners for the County of York.

Reports of Societies.

WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The annual meeting of the Western and St. Clair Medical Association was held in Chatham, on the 1st ult.

The president Dr. Bray, called the meeting to order, and after the adoption of the minutes of the previous meeting, the opinion of John A. McKenzie, Esq., in reference to section 18 of the Medical Act was read. The following officers were chosen for the current year. President, Dr. A. McLean; Vice-Presidents, Drs. Fleming, Casgrain, Poussette, and Thompson; Treasurer, Dr. Tye; Secretary, Dr. Holmes.

Moved by Dr. Holmes and seconded by Dr. Carney, that this Association think it desirable to have County Associations formed. *Carried.*

Moved by Dr. Carney and seconded by Dr. Smith, that the secretary of this Association be instructed to furnish each Vice-President a series of questions, which the secretary may deem desirable to submit to the legal practitioners throughout each County of this Division, with the view of obtaining from such practitioners, an opinion as to the advisability of forming County Associations, and ask each vice-president to obtain from the medical men in his county, replies to such questions and submit them to the Association at its next regular meeting. *Carried.*

Moved by Dr. Murphy and seconded by Dr. Hicks, that the secretary be instructed to send to the medical council during its next session a copy of the resolution passed at a previous meeting of this Association, regarding the appointment of medical examiners by the council. *Carried.*

Dr. Richardson read an exceedingly interesting paper on "Thermometry" which elicited the opinion of nearly all present.

Dr. Murphy read a paper on the use of the cold bath in febrile diseases. The paper was of great practical interest and both he and Dr. Richardson received the thanks of the meeting for their valuable essays.

Dr. Hicks read an account of a case of placenta prævia, in which the hemorrhage was arrested immediately by the injection of hot water, to

which had been added twenty-five per cent. of the tincture of the per-chloride of iron.

The subject of placenta prævia was discussed by Drs. Holmes, Smith, Bray, Tye, Abbott, and Carney. Dr. Hicks remarked, that when the patent referred to in his paper seemed about to sink from exhaustion, he injected a drachm of sulphuric ether hypodermically, and that almost instantly the pulse became stronger and the woman presented a very marked improvement in every respect.

After one of the most interesting meetings yet held, the Association adjourned, to meet in Windsor, early in May.

THE MICHIGAN STATE BOARD OF HEALTH.

The quarterly meeting of the above named Board was held in Lansing, on the 9th of July. A paper entitled "The Locating of Healthy Homes" was read by Dr. Henry F. Lyster, of Detroit. The condition of the homes of the people may be regarded as an index of their civilization. A complete, healthful, and beautiful home indicates health, intelligence and refinement in its occupants. The paper gave an historical review of the different kinds of homes occupied by different people; but it also dwelt upon the various insanitary conditions most common to our modern homes. Those most strongly touched upon were, defective disposal of sewage, unwholesomeness of water-supply, unfavorableness of location, too complete exclusion of sun-light and air, resulting from excessive shade, lack of proper drainage, etc.

Prof. R. C. Kedzie reported on the Quality of Illuminating Oils in use. He thinks the people of Michigan are to be congratulated upon the present condition of their illuminating oils so far as exemption from injury to life and property are concerned. The public prints are not now filled with recitals of deplorable accidents resulting from the use of kerosene. But notwithstanding this security from accidents the people justly complain of the quality of some of the oil now supplied. Much of it burns poorly, the wick gums and chars, and the light flickers and goes out.

Dr. H. O. Hitchcock, Chairman of the Committee on Public Health, submitted a report including a proposed memorial to the Legislature asking that a commission be appointed to investi-

gate and report in two years concerning the influence of the liquor traffic upon the life and health of the people of the State, to ascertain, as far as possible, the value to the State of the traffic in alcoholic drinks and the losses to the State fairly chargeable to the use of intoxicants, and to report all facts which have a rational bearing upon the vital statistics of the State, the object being to collect facts upon which to base future legislation if found desirable.

Rev. Mr. Brigham reported upon a subject previously referred to him, namely: the sanitary influence of the *Eucalyptus Globulus*, or blue gum tree. He read letters from persons who had studied the habits of the tree, including one from Dr. Asa Gray, who thought the tree could not be made to thrive in Michigan on account of the severity of the climate. Dr. Lyster said the trees were growing in Detroit, that by being cut back they had become somewhat hardened. He recounted instances in which the tree had been planted in certain insalubrious regions in Africa where they had a remarkably beneficial sanitary influence.

Dr. O. Marshall presented a communication on Opium and Morphine eating. He gave facts concerning twenty-five cases which had come under his observation. He thought the evil was increasing and that measures should be taken not only to assist those who are already victims, but to prevent others from acquiring the habit; and he believed this to be a proper field of labor for the State Board of Health. Of the twenty-five cases reported, nine use morphine, fifteen use opium and one uses both. Dr. Marshall thought a law regulating the sale of these drugs was needed and might prove effectual. He especially urged the prohibition of the sale of soothing syrups, cordials and anodynes, which are preparations of opium or morphine in disguise, and which create in the infant a predisposition to the opium habit in the adult.

Dr. Chase submitted to the Board a proposed bill relative to the qualification of physicians who practice in Michigan. It provided for furnishing to the people information relative to the professional study of those who practice medicine in Michigan, such information being furnished by means of sworn statements filed with the County Clerk, in the county where the physician practices.

The Secretary submitted a report relative to duties performed and work done in his office, after which the meeting adjourned.

NORTH WELLINGTON UNION MEDICAL ASSOCIATION.

The annual dinner of the above association was held at the Royal Hotel, Harriston on the 25th of January, and was a most successful affair, due in great measure to the indefatigable exertions of the Secretary, Dr. Gibson. The bill of fare was a most excellent one, and after full justice had been done to the spread, speeches, songs, and toasts became the order of the evening. The President of the Association, Dr. Yeomans, occupied the chair, and Dr. Henry the vice-chair. The chairman said he was happy to have the pleasure of welcoming so many guests to the second annual dinner of the Union Medical Association. He was pleased to see the doctors had so many friends, and that so many had attended to do honor to the occasion. With them he felt he could not give too much praise to the able Secretary of the Association, Dr. Gibson, for this magnificent banquet. It did honor to him and to the proprietor of the Royal hotel. The Union Medical Association which had been in existence some five or six years, had been formed for the purpose of cultivating friendly relations among the members of the profession, and for mutual improvement. Their meetings had grown in interest, and he was confident much good had been done, and much enthusiasm awakened in their professional work. In the name then of the Association he bade them welcome to this annual dinner, and hoped they would enjoy themselves. Speeches were made in response to the various toasts by Drs. Stewart, Ecroyd, Middleton, Black, Henry, Gibson, and Cowan. Dancing was indulged in until late, after which the company broke up having enjoyed a most pleasant evening.

CATARRH OF THE BLADDER.

R Acetate potash..... ʒ ijss;
 Bromide potassium..... ʒ ijss;
 Tinct. hyoscyamus..... fl. ʒ j;
 Infus. buchu..... O j.

M. Dose, two ounces every three to six hours.

Books and Pamphlets.

THE ANATOMIST.—An etching. Published by R. Berendsohn, 48 and 50 Nassau St., New York.

This is a copy of a picture of the same name, exhibited at the Centennial, which attracted considerable attention. The size of the etching is seven and a half by ten inches, on paper twelve and a half by fifteen inches. Price, \$1.00 on plain and \$1.25 on tinted paper. The picture will make a handsome adornment of a physician's office. It can be obtained by mail from the *Lancet* office, Toronto.

ON COUGHS, CONSUMPTION AND DIET IN DISEASE, by Horace Dobell, M.D., F.R.C.S., Eng., Philadelphia : D. G. Brinton, M.D.

Dr. Brinton of Philadelphia is the compiler of this work. It consists of a series of extracts from published reports of Dr. Dobell on diseases of the respiratory organs. Few authors have given more attention to chest diseases in general than Dr. Dobell. He has published various works on this subject at different times, all of them remarkable for their clearness of style and practical usefulness. In addition to medical treatment, directions are given, somewhat in detail, for the preparation and use of certain articles of diet in disease. The book is a very useful one and will no doubt find ready sale.

ALSO Dr. Dobell's annual Reports on Diseases of the Chest, Vol. II. ; London : Smith, Elder & Co. The section relating to Canada was prepared by Dr. Osler, of Montreal.

THE PHYSICIANS VISITING LIST, 11th edition, by D. S. Brinton, M.D., Philadelphia ; Price for 35 patients \$1.50, for 70 patients, \$2.00.

DENTAL ANATOMY AND SURGERY, by Henry Sewill, M.R.C.S. Eng.; Philadelphia : Lindsay & Blakiston.

THEORY OF MEDICAL SCIENCE, by Wm. R. Dunham, M.D. ; Boston : James Campbell, Publisher.

NON-EMETIC USE OF IPECACUANHA, by Alfred A. Woodhull, M.D., Assistant Surgeon, U. S. Army. Philadelphia : J. B. Lippincott & Co.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, by Louis H. Duhring, M.D., University of Pennsylvania—Philadelphia : J. B. Lippincott & Co.

THE "WATCHMAN," A WEEKLY NEWSPAPER PUBLISHED IN ST. JOHN, N.B.—This is a most excellent paper and worthy of the most extended circulation. It has a freshness and originality about it which is in marked contrast with many of our stereotyped weeklies in circulation nowadays. Our friends cannot do better than subscribe for it; price only \$1.00 per annum.

BACK NUMBERS WANTED.—Fifty cents each will be paid for the following back numbers of the CANADA LANCET : No. 2, Oct. 1870 ; No. 4, Dec. 1870. Address Canada Lancet office, Toronto.

Births, Marriages, and Deaths.

On the 19th ult., Dr. Sylvester, of Galt, to Lottie, youngest daughter of the late R. Reed, Esq., Bowmanville

On the 15th ult., William H. Lowry, Esq., M.D., to Miss Ann Jane, daughter of Chas. Hill, Esq., all of Acton.

At Port Ryerse, on the 5th ult., Henry Bogue, M.D., in the 52nd year of his age.

On the 7th ult., Dr. John Mitchell, of Meromish, N. S.

At Cambra, on Saturday, 9th ult., suddenly of apoplexy, Alice M. Dady, wife of J. M. Hart, M.D., aged 25 years.

On the 11th ult., Caroline Elizabeth, youngest daughter of Dr. William Newcombe, aged 13 years.

At Guelph, on the 26th Jan., Clarence Rees, youngest son of Dr. Brock, aged one year and three months.

In this city on the 23rd ult., Beatrice Maud, daughter of Dr. E. J. Barrick, aged 3 years.

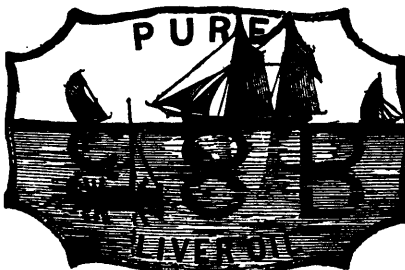
** The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps with the communication.

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The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-



void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from ITS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an Elixir of Quinine and Iron. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each desert-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia.—This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each able-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

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Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

"On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

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THE IMPROVED TROMMER'S EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Prof. of Chemistry, UNIVERSITY OF MICHIGAN, Ann Arbor:

"TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diatase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly,
SILAS H. DOUGLAS,
"Prof. of Analytical and Applied Chemistry."

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others by such foreign authorities (German, French, and English) as Niemeyer, Trousseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of *Diatase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

Improved

TROMMER'S EXTRACT OF MALT, FERRATED.

Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of anæmia. PRICE, \$1.00.

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TROMMER'S EXTRACT OF MALT, WITH CITRATE OF IRON AND QUINIA.

Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, &c. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. PRICE, \$1.50.

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TROMMER'S EXTRACT OF MALT, with HYPOPHOSPHITES.

Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous, and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, &c., it is very efficacious. This combination is, in certain cases, even more efficient in exhaustion from undue lactation than the Extract of Malt with Hops. PRICE, \$1.50.

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The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts has been fully confirmed by more recent experience. Particularly recommended in anæmia dependent upon scrofula, phthisis, cancer, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. PRICE, \$1.50.

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Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium, and Potassium. This combination of the most potent alteratives with tonics and restoratives has been successfully employed in the different forms of disease dependent upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and nasopharyngeal mucous surfaces, eczematous, and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, &c. PRICE, \$1.50.

McGILL UNIVERSITY,

MONTREAL.

FACULTY OF MEDICINE.

SUMMER SESSION—MAY 1st. TO JULY 21st, 1877.

The Medical Faculty established last year the first regular summer session, in which practical and demonstrative courses, and systematic clinical instruction were given. Forty students availed themselves of the advantages offered, and the diligence with which the classes were followed showed how much such practical teaching is appreciated.

The Faculty feels that the time is come, when the intermittent system, at present in vogue, of six months' work and six months' vacation, so prejudicial to the steady and continuous progress of the student, should be abandoned, and that at least nine months of each year should be spent in regular organized study. It is with this view that the summer session has been established, and the hope is here expressed, that all students will endeavour to take one or more of these extra sessions, the fees for which have been purposely placed so low as to be almost nominal.

As is only natural, the advantages offered by the city of Montreal, for the practical study of Medicine and Surgery are unequalled in the Dominion. In the wards of the General Hospital there are always, and more particularly in the summer months when the navigation is open, a large collection of interesting medical and surgical cases. In the out-door department, there is a daily attendance of between 75 and 100 patients, which afford excellent instruction in minor surgery, routine medical practice, and diseases of children. The Eye and Ear department lately established, will afford an opportunity of studying practically, under skilled direction, these important branches.

The attendance of the Medical Officers is systematic and punctual.

At the University Lying-in Hospital, Obstetrical cases are furnished to the students in rotation.

The Faculty has much pleasure in announcing the following courses for the summer session of this year.

CLINICAL INSTRUCTION at bedside, in the Montreal General Hospital. Daily 12.30-2.	DRS. DRAKE, and MACCALLUM.
A limited number of dresserships and clinical clerkships, may be obtained on application to the attending and out-door Physicians.	
MINOR SURGERY.—Bandaging, application of splints, hæmostatics, catheterism, &c. Six demonstrations of operative surgery on the cadaver. Wednesdays 10 a.m.	G. E. FENWICK, Professor of Surgery.
DISEASES OF WOMEN.—Methods of examining patient. Use of speculum and uterine sound. Disorders of Menstruation. Leucorrhœa, its causes and treatment. Tumours of the Uterus. Displacements of Uterus, &c. Mondays 11 a.m.	D. C. MACCALLUM, Professor of Obstetrics and Diseases of Women.
CLINICAL MEDICINE.—Lectures founded upon cases in the wards. Physical Examination of Heart and Lungs, with demonstrations. The Urine in disease. Tuesdays, 10 a.m.	GEO. ROSS, Professor of Clinical Medicine.
DISEASES OF CHILDREN.—Anatomical and physiological peculiarities of infancy and childhood. Infantile Hygienics. Peculiarities of symptoms. Therapeutics and Dosage. Consideration of the more common and important diseases of childhood. Thursdays 10.30 a.m.	WM. GARDNER, Professor of Medical Jurisprudence.
OPHTHALMIC MEDICINE AND SURGERY.—Methods of diagnosis (with ophthalmoscopic work) Commoner forms of diseases of the Eye and their treatment. Wounds and injuries of the Eye. Practical instruction in operations. Mondays 9 a.m.	F. BULLER, Lecturer on Ophthalmic Medicine and Surgery.
MEDICAL AND SURGICAL ANATOMY, demonstrations on Brain. Sympathetic system. Thorax and Abdomen Hernia—inguinal and femoral. Surface markings. Triangles of neck. Bladder. Wrethra. Perineum. Larynx, &c. Fridays 10 a.m.	F. SHEPHERD, Demonstrator of Anatomy.
ELECTRO-THERAPEUTICS.—Electricity, varieties of Batteries. Animal Electricity and Electro-Physiology Electro-Diagnosis. The induced and constant, current. Modes of application. Medical Diseases in which Electricity is useful. Electrolysis and Galvanic cautery. Saturdays 10.30 a.m.	WM. GARDNER, Professor of Medical Jurisprudence.
PRACTICAL PATHOLOGY.—Consisting of 20 demonstrations in the Autopsy room of the Hospital. Students will make the post mortems in rotation, and receive practical instruction in the manner of performing them and keeping records of their observations. Bi-weekly, 1 p.m.	WM. OSLER, Professor of Physiology and Pathology.

All students desirous of attending the above courses will be expected to register their names with Prof. Craik, (Registrar of the Faculty,) on or before the 15th of May, 1877, and pay in advance a fee of \$10. The fees will be devoted to the improvement and extension of the Faculty's Library and Museum, to which students can always obtain access.

Certificates of attendance on the various courses will be given.

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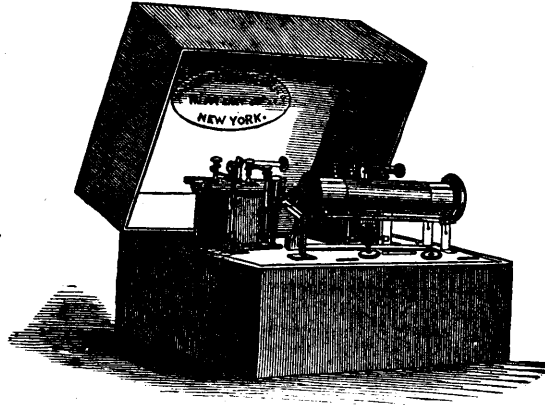
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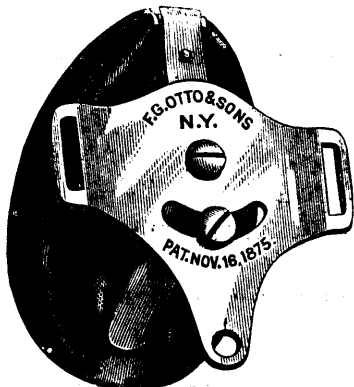
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