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THE  
CANADA LANCET;

A MONTHLY JOURNAL

OF

MEDICAL AND SURGICAL SCIENCE,

CRITICISM AND NEWS.

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VOL. VIII.

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TORONTO:  
DUDLEY & BURNS, PRINTERS, RANKIN BLOCK, COLBORNE STREET

1876.

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# THE CANADA LANCET.

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

Vol. VIII }  
No. 1. }

TORONTO, SEPTEMBER 1, 1875.

{ Price 30 Cents.  
{ \$3 per Annum

CONTENTS.—(Index next page.)

## 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*, Quinia, Quindia, Cinchonia and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"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."

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"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

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It is found Quindia, which is believed to be a better anti-periodic than Quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

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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.

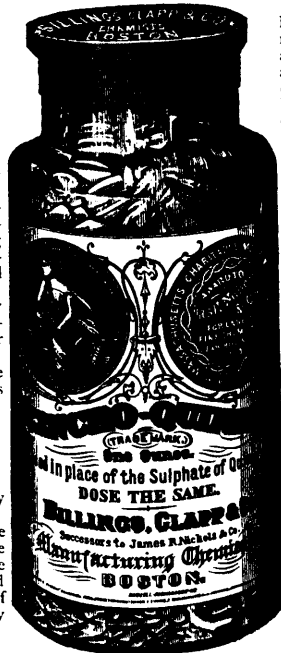
4th. It meets indications not met by that Salt.

Middleburg, Pa.,  
April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store. I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and I have never been disappointed in my expectations.

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## INDEX TO CONTENTS.

## Original Communications.

Painful Disease of Rectum.—By H. B. Evans, M.R.C.S., King'n.	1
Epyema.—By A. B. Atherton, M.D., Frederickton, N.B.	2
Our Profession First, Members Next.—By Geo. M. Aylsworth, M.D., Collingwood	4
Canadian Medical Association—Address by Dr. Botsford	5

## Correspondence.

Medicus	9
Examining Board—Daniel Clark	11
"One of the 300"	13
Our Edinburgh Letter—G. S. R.	14
Walter Lambert, M.D.	15
John Kirk, L.M.B.	15

## Selected Articles.

Women in the Medical Profession	16
Tar in Psoriasis	17
Injection of Tincture of Iodine into Cavity of Uterus	17

Adhesion of the Placenta—Swayne	18
Opium Poisoning—Andrew H. Smith	20
Medical Items and News	22

## Editorial.

Davis Abortion Case	23
Prosecutions under Ontario Medical Act	24
Therapeutics of Dogbane	25
Notes and Comments	25
Appointments	26

## Reports of Societies.

Canadian Medical Association	26
North Riding of Bruce Medical Association	28
Medical Association of Simcoe	28
Nova Scotia Medical Society	29
Books and Pamphlets	30
Death	30

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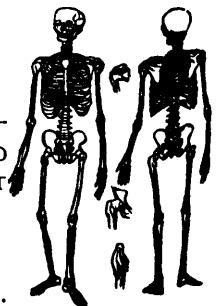
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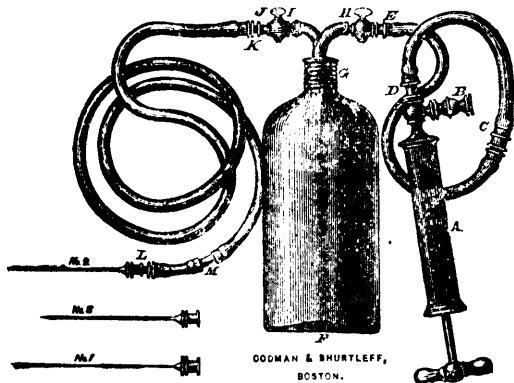
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FIG. 68.



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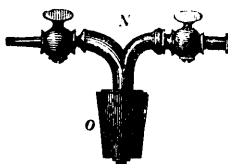


FIG. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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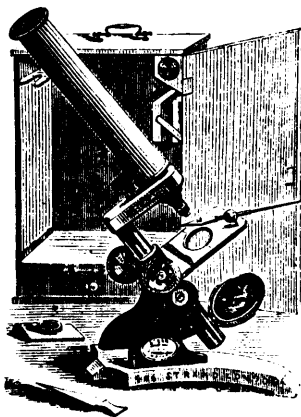
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## College of Physicians & Surgeons, Ontario.

NOTICE is hereby given, that the professional examination of the College of Physicians & Surgeons, of Ontario, both primary and final, will be held in the Convocation Hall Toronto University, commencing on the 28th of Sept, 1875, at 9 o'clock A.M. By order of the President.

August 18th, 1875.

THOMAS PYNE, Registrar.

# COLLEGE OF PHYSICIANS AND SURGEONS.

Corner of Twenty-third Street and Fourth Avenue, New York.

SIXTY-NINTH SESSION, 1875-76.

## FACULTY OF MEDICINE.

- ALONZO CLARK, M.D., President and Professor of Pathology and Practical Medicine.
- WILLARD PARKER, M.D., Professor of Clinical Surgery.
- JOHN C. DALTON, M.D., Professor of Physiology and Hygiene.
- SAMUEL ST. JOHN, M.D., Professor of Chemistry and Medical Jurisprudence.
- THOMAS M. MARKOE, M.D., Professor of Surgery.
- T. GAILLARD THOMAS, M.D., Professor of obstetrics and the Diseases of Women and Children.
- JOHN T. METCALFE, M.D., Professor Emeritus of Clinical Medicine.
- HENRY B. SANDS, M.D., Professor of Anatomy.
- JAMES W. McLANE, M.D., Adjunct Professor of Obstetrics and the Diseases of Women and Children.
- THOMAS T. SABINE, M.D., Adjunct Professor of Anatomy.
- CHARLES F. CHANDLER, Ph.D., Adjunct Professor of Chemistry.
- EDWARD CURTIS, M.D., Professor of Materia Medica and Therapeutics.
- FRANCIS DELAFIELD, M.D., Adjunct Lecturer on Pathology and Practical Medicine.
- JOHN G. CURTIS, M.D., Adjunct Lecturer on Physiology and Hygiene.
- WILLIAM DETMOLD, M.D., Professor Emeritus of Military and Clinical Surgery.
- WILLIAM H. DRAPER, M.D., Clinical Professor of Diseases of the Skin.
- CORNELIUS R. AGNEW, M.D., Clinical Professor of Diseases of the Eye and Ear.
- ABRAHAM JACOBI, M.D., Clinical Professor of Diseases of Children.
- FESSENDEN N. OTIS, M.D., Clinical Professor of Venereal Diseases.
- EDWARD C. SEGUIN, M.D., Clinical Professor of Diseases of the Mind and Nervous System.
- CHARLES MCBURNEY, M.D., Demonstrator of Anatomy.
- CHARLES KELSEY, M.D., Assistant Demonstrator.

IN THE PLAN OF INSTRUCTION adopted in this Institution, Clinical Teaching constitutes an important and prominent feature, all the practical subjects treated of in the Didactic Course being fully illustrated at the bedside. In the furtherance of this object, the extensive Hospitals of New York, of which the Bellevue Hospital, the Charity Hospital, Blackwell's Island, the Roosevelt Hospital, the Manhattan Eye and Ear Hospital, and the New York Eye and Ear Infirmary are the largest and most efficient, furnish ample fields for instruction and study. To all of these the Faculty of the College resort for the purposes of practical instruction, Cliniques being held daily in one or more of them. Besides the Clinical Lectures given at the Hospitals, there are nine Cliniques each week at the College Building, viz.:

Surgical Clinique, by Prof. PARKER, every Monday at 12 M.

Medical Clinique, by Prof. CLARK, every Thursday at 12 P.M.

Venereal Clinique, by Prof. OTIS, every Thursday at 3 P.M.

Female Clinique, by Prof. THOMAS, every Friday at 3 P.M.

Clinique for Nervous Diseases, by Prof. SEGUIN, every Saturday at 3 P.M.

Clinique for Diseases of Skin, by Prof. DRAPER, every Monday at 3 P.M.

Ophthalmic Clinique, by Prof. AGNEW, every Tuesday at 3 P.M.

Clinique for Diseases of Children, by Prof. JACOBI, every Wednesday at 1½ P.M.

## SUMMER SESSION.

### FACULTY.

- JAMES L. LITTLE, M.D., Lecturer on Operative Surgery and Surgical Dressings.
- GEORGE G. WHEELOCK, M.D., Lecturer on Physical Diagnosis.
- A. BRAYTON BALL, M.D., Lecturer on Diseases of the Kidneys.
- FRANCIS DELAFIELD, M.D., Lecturer on Pathological Anatomy.
- ROBERT F. WEIR, M.D., Lecturer on Diseases of the Male Pelvic Organs.
- JOHN G. CURTIS, M.D., Lecturer on Injuries and Diseases of the Blood-vessels.

The Summer Session of 1875 will commence on Monday, March 15th, and will continue until the middle of June. Two Didactic Lectures will be given daily during this course, and the College Cliniques held as usual. Instruction in Practical Chemistry will be given in the Laboratory under the supervision of Professor ST. JOHN, with the aid of competent assistants to those who wish to make themselves personally familiar with the more important manipulations in chemical analysis. Instruction will also be given in Physical Diagnosis, and obstetrical cases furnished to the class. No additional charge will be made, for the above, to students who take the General Ticket for the Summer Session. Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner. Matriculation Fee, \$5; valid for the year. General Ticket to all the Lectures, \$30. For each separate ticket \$5.

## REGULAR SESSION.

The Regular Course of Lectures for the Session of 1875-76 will commence on Friday, the first day of October, 1875, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

Matriculation Fee, \$5; Fees for the full Course of Lectures by all the Professors, \$140; for each separate ticket, \$20; ticket of the Demonstrator of Anatomy, \$10; Graduation Fee, \$30.

The Tickets are to be taken at the beginning of the Session. Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only. Graduates of this school are admitted without fee. Graduates of other regular schools, who have been in practice three years, and *Theological Students*, are admitted on general ticket by paying the matriculation fee. Recent Graduates of other regular schools, and students who have already attended two full Courses of Lectures, are admitted to this College on payment of the matriculation fee and \$70. Students are requested on their arrival in this city, to call at the College and register their names with the Clerk, Mr. Boag, who will give them all necessary information and aid them in obtaining board.

For the Annual Catalogue, and further information, address the Secretary of the Faculty, THOMAS T. SABINE, M.D., COLLEGE OF PHYSICIANS AND SURGEONS, CORNER OF 23RD STREET AND 4TH AVENUE, NEW YORK.

SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.

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### PANCREATINE WINE.

A most pleasant vehicle for administering Cod Liver Oil, with which, if shaken, it readily forms an Emulsion. This preparation when prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

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## Detroit Medical College.

SESSIONS OF 1875-76.

**PRELIMINARY SESSION** opens September 1st, and continues one month.

**REGULAR SESSION** opens October 6th, and continues five months.

**RECITATION SESSION** opens March 10th, 1876, and continues four months.

Three Hospitals and two large Dispensaries furnish an abundance of clinical material for illustrative and practical teaching. One or more clinics is held daily.

All lectures are delivered on Hospital grounds, Senior students have daily practice in the art of examining patients.

The peculiar feature of this school is the intimate union between its clinical and didactic instruction.

**FEES** for Preliminary and Regular Sessions: Matriculation, \$5; Hospital fees (good for one year), \$10; Lecture fees, \$40; Graduation, \$25; Lecture fees to third course students, \$25.

For the Recitation term, the lecture fees are \$10 to those who attend the other courses. All others are required to matriculate and take out Hospital tickets.

Announcement or further information can be promptly obtained by addressing

LEARTUS CONNOR, M.D., Secretary,  
94 Cass Street, Detroit, Mich.

## ROYAL COLLEGE PHYSICIANS AND SURGEONS,

IN AFFILIATION WITH

Queen's University, Kingston.

Faculty:

J. R. DICKSON, M.D., M.R.C.P. Lond.; M.R.C.S. Eng.; F.R.C.S. Edin.; President and Prof. of Clinical Surgery.

FIFE FOWLER, M.D., L.R.C.S. Edin. Registrar and Prof. of Materia Medica.

HORATIO YATES, M.D. Principles and Practice of Medicine, and Clinical Medicine.

MICHAEL LAVELL, M.D. Obstetrics and Diseases of Women and Children.

MICHAEL SULLIVAN, M.D. Surgery and Surgical Anatomy.

OCTAVIUS YATES, M.D. Institutes of Medicine and Sanitary Science.

THOMAS R. DUPUIS, M.D. Descriptive and Regional Anatomy.

JAMES NEISH, M.D, Botany.

NATHAN F. DUPUIS, M.A. Chemistry and Practical Chemistry.

ALFRED S. OLIVER, M.D. Medical Jurisprudence.

HERBERT J. SAUNDERS, M.D. M.R.C.S. England. Practical Anatomy.

The next winter Session begins on the 1st Wednesday of October, 1876. Students attending this College may obtain either the degree of M.D. or the Licence of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges. The College building, which is being newly fitted up, is commodious and convenient. Unequaled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

FIFE FOWLER, M.D., L.R.C.S. Edin.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, SEPT. 1st, 1875. No. 1

## Original Communications.

### ON AN UNCOMMON AND PAINFUL DISEASE OF THE RECTUM NOT DESCRIBED IN BOOKS.

BY H. B. EVANS, M.R.C.S., KINGSTON.

The disease I am about to describe is fortunately exceedingly rare, but the very painful symptoms attending it, when it does happen, render a knowledge of it essential to every surgeon, without which it is impossible for him to afford the much desired relief.

During a long practice I have met with but two cases, whilst two others have been indirectly communicated to me. Summing them all up then, the symptoms may be described as follows:—There is great difficulty always attending defecation, which is immediately followed by intense agony in the lower part of the rectum. This pain generally continues from a quarter to half an hour, and then subsides *entirely* until the next movement of the bowels. When the stools are examined they will be found very small in their diameter, flattened on their surface, and somewhat resembling a ribbon. During the effort to relieve the bowels, the spasm of the external sphincter is so intense that the patient would often give up in despair, a little fluid feces only passing. Sometimes the sphincter seemed more disposed to relax itself and the stools assumed a more natural appearance; but on no occasion were they of a perfectly cylindrical form. A digital examination of the rectum or by bougie causes the most excruciating pain, with violent contraction of the sphincter, so that the finger is removed with difficulty. This contraction extends to the upper limit of the internal sphincter, above which the cavity of the bowel is of the natural size. The mucous membrane of the rectum in the contracted

part is perfectly healthy, soft, and not thicker than usual, and moves very readily on the inner surface of the contracted muscle.

This disease is very different in its nature and consequences from the ordinary stricture of the rectum, and it is of considerable importance to the patient, (and the diagnosis also to the reputation of the surgeon) that it should be distinguished from the latter in practice. In the former the affection is functional, and the prognosis favorable; in the latter the disease is organic and the termination generally very much the contrary. On a slight examination we should generally confound the two diseases, but when carefully considered they may be distinguished from each other. In both cases the feces will be found flattened in shape, small in size and somewhat twisted, but other symptoms present a marked difference. In organic stricture of the rectum its situation is generally two or three inches above the external sphincter, and there is a sound natural portion of the bowel between the stricture and this muscle. At the seat of the stricture the coats of the rectum are felt to be more or less thickened and ulcerated, and generally secrete a thin ichorous offensive discharge. This disease *has* impressed its mark on the constitution, as the sallow countenance, morbid appetite, and wasting of the muscular system imply. In the patient there may be generally traced some cancerous, scrofulous, or venereal taint. On introducing the finger the agony does not commence until the actual stricture is reached. In the functional disease the pain commences at the real opening of the anus, surrounded by the sphincter muscle, whilst no alteration of structure in the mucous membrane can be detected. There is no trace of constitutional taint to be observed, and the general health is not immediately affected.

The following is submitted as a representative case of this painful disease:

Case 1. Mrs. B., *æt.* 40, has had seven children. About twelve years since she became affected as above described. There was intense pain experienced on relieving the bowels, so much so that the act was avoided frequently when it should have been encouraged; when effected, the motions were either liquid, or thin and flattened. Of late the general health began to suffer, marked by a train of dyspeptic symptoms, accompanied by neuralgia of the facial nerve. The countenance was pale and

bloodless, the bowels costive, and there was great mental depression. In the words of the patient, "life had become a burden, almost too hard to be borne." On making an examination with the speculum ani, so great was the agony occasioned that syncope took place. This patient had been treated for piles, stricture, and fissure, none of which really existed. A slight amelioration of the symptoms took place under the use of belladonna suppositories and laxatives, but no permanent improvement.

In conversation with Mrs. B. I found that a sister of hers had been similarly affected, and that she obtained relief by applying to Dr. McLean, then of Kingston, who performed an operation that resulted in a perfect cure. I wrote to Dr. McLean, Professor of Surgery, at Ann Arbor, and received from him a courteous reply. "He recollected the case perfectly; it was one of contraction of the sphincter muscles, and the operation for its cure consisted in a subcutaneous division of the fibres of that muscle."

The operation was performed on Mrs. B. two or three months since. A tenotomy knife was inserted on each side of the anus parallel with the rectum, and moved backwards and forwards so as to divide all the fibres within the sweep of the half circle. Very little blood was lost. The operation was by no means painful, and the patient declared herself quite relieved, and has been well ever since. Thus by a simple operation was the agony of years relieved as if by the touch of a magician's wand.

Case II. This was really the first in the order of events. A. R., a man just past middle life, who had been a free liver as well as a hard worker, applied to me some two years since, with all the symptoms above described, in a marked degree. He had been the round of all the physicians in the neighborhood without receiving the least benefit. On the successful termination of Mrs. B.'s case, his came back vividly to my recollection, for I, like others before me, had failed. I sought him out eagerly, convinced that I was master of his case, but I regret to say that he had left his residence some time.

The case of Mrs. H., the sister of Mrs. B., was similar in all respects to the latter. She was operated on about seven years since, and has remained well up to the present time.

### THREE CASES OF EMPYEMA.

BY A. B. ATHERTON, M.D., FREDERICTON, N. B.

Case I.—C. T., male, teacher, æt. 24.

March 18, 1873.—Came from out of town to consult me about his chest.

*Previous history.*—A year ago he caught cold several times, and one day in May he noticed his heart beating to the right of its normal position. Had to give up teaching for some months, but during the last three months has been able to go on with his usual work. Has, during the whole year, been very short of breath, and has had also a dry hacking cough. A few days ago he fainted after some unusual exertion.

*Present condition.*—Respiration hurried; countenance pale; weight, about 120 lbs.; ordinary weight, 125 to 130; tongue clean; appetite not good; pulse 100; feeble; apex beat of heart nearly an inch to right of and below right nipple. Left side of chest flat on percussion from clavicle down, and measures half an inch more in circumference than the right. (Last summer was called by attending physicians one and a half inches larger.) Very little respiratory sound or vocal resonance over two-thirds of lower left chest.

*11 a.m.—Operation.*—A small trocar was plunged into the chest between the 9th and 10th ribs below the angle of the left scapula. Having no special apparatus for paracentesis, I introduced a small gum elastic catheter through the canula, and attached its end by means of a short piece of rubber tubing to a stomach-pump. By this means I drew off four and a half pints of turbid-looking serum. Patient partly fainted towards the end of the operation. A considerable amount of air entered the chest during the operation, due to slipping of the rubber tube. When properly managed, however, I have found this simple apparatus work very well.

After the operation, while the patient lay on his back, the whole of the left front was resonant on percussion, the lower part being tympanitic, from, I suppose, the air admitted. Apex beat of heart now one inch to left of right nipple.

*March 19.*—Left side of chest a little sore both externally and internally. Breathing much better.

*March 20.*—Soreness nearly gone; out of doors, the day being fine.

*March 21.*—Left town in open sled without my knowledge or consent. Rode twenty miles, and then felt so well that he walked three miles the same day over a rough road. This he could not have done prior to the tapping of the chest. The same evening, took pain in the left side accompanied with dyspnoea and feverishness. Heart beats over to right side as far as ever.

*March 30.*—I learned these last-mentioned facts by letter to-day.

*April 2.*—Came to town again. Breathing now very short; pulse, 124. Had some chills last week, none at present. Apex beat of heart, about one and a half inches to right of right nipple. Resonance somewhat tympanitic in upper left side, probably due to retained air. Advised to take quinine mixture.

*April 6.*—Feels rather better. Anxious for an operation. Trocar introduced near the site of the former puncture, and there issued some very fetid pus.

Chloroform was now given, and the probe being passed through the canula, the latter being withdrawn, the wound in the chest was enlarged by the side of the probe till it would admit the tip of the finger. A rubber drainage tube was then introduced, of about the size of a No. 12 catheter. Nearly three quarts of pus came away during the operation. Cavity washed out with carbolic acid lotion. (3j ad. Oj.) End of tube stopped with cork and the chest bandaged.

*April 7.* About one and a half pints of purulent fluid ran off this morning. Chest washed as before. To be repeated two or three times a day.

*April 8.*—About 6 ounces of pus since yesterday morning; pulse 100.

*April 9.*—Discharge slight this morning; no fetor; pulse 90.

*April 10.*—Fetor returning; pulse 110.

*April 15.*—About the room; pulse 120; 5 oz. of fetid pus discharged per day. A larger tube inserted to-day, and the end left open; large compress, wet with carbolized oil, laid over it, so as to have a free ingress of carbolized air during inspiration, and thus obviate the necessity of frequent washings with carbolized water. This was a great relief to the patient in his weak condition.

*April 18.*—Fetor less since the use of the carbolized oil dressing; heart beats one inch to left of right nipple; pulse 112.

*April 23.*—Sometimes pieces of thick, fibrinous membrane block up the tube, and the latter requires removal, to let them pass out. Respiration in left lung gradually improving.

*April 24.*—Left for home to-day, in the cars. To take iron and quinine mixture, and continue local treatment.

*May 14.*—Reports by letter that he is gradually improving.

*June 20.*—Cavity holds about  $\frac{3}{4}$ iv.

*Oct. 15.*—Slight discharge yet; but weight and strength increased.

Case II.—EMPHYEMA FOLLOWING PELVIC ABSCESS. Mrs. J. S., æt. 40; always rather delicate; married 20 years; no children; has had two or three attacks of pelvic inflammation before present one.

*April 15, 1874.*—Sent for to see her, and found similar inflammatory symptoms again.

*April 28.*—Pus found with exploring trocar, and abscess opened in usual place, behind cervix uteri.

*May 2.*—Took a severe chill, with pain in the left side of the chest; slight cough; pulse 135. Opiates to be given *pro re nata*.

*May 3.*—Pulse 150; pain still severe.

*May 4.*—Pulse 140; less pain.

*May 10.*—Somewhat improved; pulse 130; tongue clean; discharge from vagina has just ceased; no chilliness; a good deal of sweating; left side of chest half full of fluid; hands and feet are œdematous.

*May 20.*—No better. Aspirator introduced, and more than a quart of semi-purulent fluid drawn off.

*May 27.*—Chest has re-filled. Chloroform given, and a free opening made in the lower left axillary space; a rubber tube was inserted, and carbolized oil dressings applied; tube left freely open, so that air passed in and out during respiration.

*May 28.*—Pulse has fallen from 130 to 120 since the operation.

*June 1.*—œdema of the feet and hands gone; pulse 120.

*June 3.*—Discharge not being free during the last two or three days, a larger tube was put in. Edge of one rib was felt somewhat bare with the probe; a good deal of fetid pus discharged on removal of the small tube. Dry, hacking cough continues as before.

*June 12.*—Has had a good deal of pain in the side during the last week, increased by motion; removal of tube gives little relief; it is therefore

kept in;  $\frac{1}{3}$  to  $\frac{1}{2}$  gr. of morphia required every night and morning; discharge free; pulse 125.

July 1.—Pain has ceased; moves body more easily; pulse 120. Large tube replaced by small one, the pus running freely now through the latter. Dressing changed three times a day to prevent fetor.

July 10.—Doing well; heart beats nearly in normal position; pulse 112.

July 29.—Was carried down stairs yesterday for the first time since first illness, four months ago; during the day, ate too freely of green vegetables and raspberries, without attendant's knowledge, and this morning was attacked with cholera morbus. Subcutaneous injection of morphia *pro re nata*; light diet.

July 30.—Vomiting much better, but pain and diarrhoea continue; discharge from side much less than usual. Astringent and opiate mixture ordered.

Aug. 4.—Diarrhoea and pain in the bowels continue; ol. ricini and tr. opii mixture ordered.

Aug. 6.—No improvement; discharge from the side nearly ceased, but a good deal of fetor accompanies it; emaciation and prostration have become very great since diarrhoea began. Stimulants and nourishment have been given as far as borne. Extremities cold; mind clear.

Aug. 7.—Patient died.

Case III.—EMPYEMA FOLLOWING TYPHOID FEVER. J. L. Male, æt. 19.

Marc'h 18, 1874.—First seen by me when in the commencing stage of typhoid. Convalescence began in three weeks from this date. A few days afterwards he had a relapse of fever which lasted ten or twelve days.

On the evening of May 3rd, after having sat up most of the day, he had a most severe rigor, accompanied by acute pain in the left side. I saw him within an hour or so after the chill, and gave him a subcutaneous injection of morphia.

May 4.—Very great dyspnoea. Pain continues severe. Pulse 160, it being about 100 previous to chill. Extremities cold. Ordered mustard to the side, and opiates *pre re nata*.

May 5.—Dulness over the whole of the left side. Pain and dyspnoea still severe.

May 7.—Somewhat better. Complete dulness from clavicle down. Dry hacking cough.

May 12.—Side as before. Heart beats over on the right side of the sternum.

May 26.—No sign of the fluid in the chest being less; the aspirator was introduced and about three pints of sero-purulent fluid drawn off.

May 31.—Fluid re-accumulated. Chloroform given and a permanent opening made in the lower left axillary space. About three pints of pus came away. A rubber tube was inserted, and carbolized oil dressing applied. Tube left freely open as in case II.

June 7.—About two ozs. of pus is discharged per day. Carbolized dressing changed three times a day to keep down fetor.

June 14.—Doing well; pulse 128; appetite good. Takes a small opiate once or twice a day to relieve dry cough and the pain caused by the tube.

June 28.—Improving; pulse 110; increasing in weight. Heart beats beneath sternum.

July 10.—Cough gone; pulse 100; one oz. of pus discharged per day.

July 25.—Heart beats nearly in normal position. 3 ij. of pus per day. Goes out of doors. Large tube removed and small one inserted. Dressed now twice a day.

Aug. 3.—Very little discharge; tube left out

Aug. 24.—Side has been perfectly healed for some days. Resonance on percussion good. Respiratory murmur heard nearly as well on left side as on right. Apex beat of the heart about normal. Feels well, and walks about briskly.

Remarks.—The last case is perhaps rendered more peculiarly successful by the fact that several of the patients' brothers and sisters died of Phthisis, and he is the only one left from among a family of seven children. Case II belonged also to a phthisical family.

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## OUR PROFESSION FIRST—MEMBERS NEXT.

BY GEO. M. AYLSWORTH, M.D., COLLINGWOOD.

There is an article in the July number of the *American Journal of Medical Sciences*, written by Prof. Austin Flint, of New York, upon the "Natural History of Dysentery," having reference to "sporadic cases occurring in salubrious northern climates."

At the end of the article he draws five "practical conclusions," two of which read as follows :

"2nd. It (dysentery) is a self-limited disease, and its duration is but little, if at all, abridged by methods of treatment now and heretofore in vogue.

"3rd. Convalescence is as rapid when active measures of treatment have not been employed as in cases actively treated."

Prof. Flint draws these conclusions from a series of cases, ten cases treated upon the expectant plan, and forty-nine submitted to actual treatment, as he terms it. The average duration of the dysenteric dejections, under both plans of treatment, is some nine days, the preference, if any, to be given to the expectant or do-nothing treatment.

Prof. Flint has evidently never tried the method of treatment that has been before the profession for years, introduced by Dr. Wm. Kerr, of Galt, Ont., who has submitted at various times cases of epidemic dysentery, treated by his method, that should be sufficient to satisfy any unprejudiced mind of the efficacy of the method in that disease.

But to go further, my friend, Dr. Worthington, of Clinton, in your June issue submitted a series of cases supporting the claims of Dr. Kerr, one of which, that of G. B., meets the requirements of a "sporadic case of dysentery occurring in a salubrious northern climate." I can submit nine others, one having been referred to before as occurring in my practice, by Dr. Kerr, in a communication to your journal, and was a very severe case. The remaining eight have occurred in my practice within the last six months, three adults and five children, making five adults and five children, or the same number submitted to the expectant treatment by Dr. Flint.

I will not enter into the details of the cases as they are so similar in result, and will only say that the dysenteric discharge ceased in all my cases within twelve hours from the commencement of medication, and convalescence was established or begun inside of twenty-four hours, and there has been no relapse. In Dr. W.'s case the patient took but two of the six powders prescribed, and two days after was found at his work.

If Prof. Flint's ten cases prove his five practical conclusions, do not the ten cases now submitted prove anything?

I should not have intruded this upon your space had it not been for the coolness with which the labors of Dr. Kerr upon the subject have been passed over. The U. S. Dispensary, (edition of 1870) after describing the preparation, deems it necessary to palliate the offence of introducing subject matter, submitted by a Provincial man, by the

following words: "The preparation would scarcely have been noticed here, except that attention is called to a new medicine, Coniö-selinum Canadense, which may possibly possess useful remedial properties, and is worthy of being further investigated."

Dr. Kerr was for years engaged in experiments seeking a remedy for epidemic dysentery, the result being a combination of drugs having marvelous curative effects upon the diseases of the mucous membranes. He submitted the whole matter to the profession through its journals, supporting his claims by the evidence of a number of medical men—medical men, though Provincials—and from time to time since, has supported him by additional evidence.

He has requested me several times to communicate to your journal my experience with his combinations, but I deemed it useless for one so young in the profession to do so, nor do I for a moment now think that this article will produce any effect in inducing the profession at large to try what I believe to be a boon to humanity. But what is the reason? Is it true what the lay men say of us "That we do not want a remedy that will cure quickly on account of diminished fees," and that "we use some drug, fathered by some great name, such as bromide of potassium for the cure of epilepsy, which has to be given for months before we can say whether any effect will be produced or not, more than injury to the patient, in preference to a drug that will produce its effect and cure the patient in two hours?" Or is it our slavish adulation of authority and great names? Echo answers which.

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## CANADIAN MEDICAL ASSOCIATION.

ADDRESS BY DR. BOTSFORD, PRESIDENT.

GENTLEMEN,

In the order of business it is now my duty to address you on this our eighth anniversary. With one exception this Association has held its meetings in the Provinces of Quebec and Ontario. On this occasion we have the pleasure of assembling in one of the oldest cities in the Maritime Provinces; which with its noble harbor adorns the Atlantic coast of the Dominion. Perhaps the day is not far distant when a session of this same Association will be held on that other shore where the waters of the Pacific wash its Western boundary.

Those among us whose heads are nearing their resting place may not see this event, much less the gatherings of our profession in those intermediate regions which must one day become the home of millions; but you who have commenced the battle of life, when the passing years will have left their impress, and you take your stand between the



present and the future, you will witness vast changes, and in the meetings of the "Canada Medical Association" will find yourselves surrounded with brethren, coming from the different quarters of the Dominion—from the Pacific coast, with its genial winters,—from the valleys of the Saskatchewan and Assiniboine—from the prairies of Manitoba—from the old homestead Provinces of Ontario and Quebec—from these Provinces by the sea, and you will reap the benefits which such meetings are so well calculated to confer, for they will embrace the experience of the profession under varying climates and under many conditions. And gentlemen we must not be discouraged by seeming failures. These are incidental to the commencement of all such institutions. The time will come when full success will crown our efforts, and our Association will be commensurate with our nation. We must have our evening as well as morning to constitute a perfect day. We cannot measure the results by present benefits. They will assume proportions which will surpass the anticipations of the most ardent. For no matter how extensive the experience of the individual practitioner, how close his observation, how powerful his mental capacity he will, if confined to a locality become cramped by its limits, and it may be his professional growth checked by an incrustation of routine so apt to settle upon us all. Throw the same person into contact with genial minds and he will enter upon new fields of thought, and receive as well as impart new suggestions, and that in proportion to the extent of country which may be represented. This has been the case in other departments of culture, and will prove true when professional brethren meet, for each member from his contact with disease under varying circumstances will bring to light some new experience and at the same time will carry away that detailed by others, each having some special opportunities in the wider field of observation, whilst the most cultivated will be benefited even in their own special direction by the critical shrewdness of those who may be their inferiors in their specialty yet their equals if not their superiors in other departments of the profession.

Another result will be the modifying influence which will be exercised upon the extreme of the profession. The too hasty will be held in check by the naturally conservative, whilst the latter will be stimulated to new life by the impulsive energies of the former. And all will be stirred up from a sluggish routine which dislikes to have its calm disturbed, or drifts lazily away with the tide of opinion and accepts the dicta of teachers, rather than enter upon that strict investigation and careful line of thought so necessary to all progress.

By such collisions of mind, may we not hope that there will arise some check to fashion, which has lessened and still lessens the influence of the profession. No one can deny the prevalence of

fashion. Not merely in the past, when dogmatism prevailed in proportion to existing ignorance, but even now in our own times. The evil is ever ready to come to the surface. Those now living will recollect how Broussais swayed the schools and how his facts and theories were accepted or rejected. How every departure from a healthy condition was regarded as the result of a sthenic state, and how, as a matter of course, bleeding and antiphlogistics were the great agencies for dislodging the enemy. Then again, diseases were ascribed to the failure of vital powers, and bloodletting was so little used that it was lately treated by one of the most eminent in the profession, as a "lost art." "Building up" was a necessary consequence: and then stimulants advocated as the best means to arrest the flagging powers of life to such an extent that (with many practitioners) no condition would seem to contradict their use. And again the pendulum swings, and already are there some who will not allow that stimulants of an alcoholic character are admissible in any case.

At one time mercury was the great specific, and was pushed to such an extent that men felt the remedy to be worse than the disease; and from the ignorance which led to its abuse there came a rebound, and by some (wisely or otherwise) it is repudiated and cast one side as a vicious poison. A great change has come over the profession as regards cholera. It is not many years since its contagious or communicable character was generally denied. Now it is generally admitted. Thus it is; theories rise and fall; and medicines, which belonging to observed facts we might suppose to be better grounded, pass through the same phases; to-day used, and commended as efficacious, to-morrow neglected or condemned.

No doubt a few active or powerful minds lead to such results. By their force they set the new system in motion, and the mass follows; and "the followers of a sect are always more inclined than the founders, to push systematic opinions to the most absurd extreme;" "and if we are to believe the recorded results of therapeutic research, conducted under complicated conditions, we shall be obliged to admit that the same diseases, have equally well been cured by the interposition of the gods—by witchery and priestcraft—by the most sanguinary and antiphlogistic and by the mildest and most expectant treatment; by remedies founded on the rational pathology of the disease; by the administration of infinitesimal parts, of nothing; by peppermint water and bread pills. Each and all of these diverse plans of treatment have had their advocates, who bring forward in their favor accumulated masses of evidence.

There can be no effect without a cause. But the difficulty is to determine, amid the complicated actions of the human body, what is the cause. And yet there must be some one or other which shall

be efficient in the varying systems of treatment. For if similar results are attained, are we not compelled to admit that nature asserts *her* supremacy, and in spite of the errors perpetrated, rises superior to the depressing agencies arrayed against her? Men become the subject of disease, and under every system throw off the morbid state and resume a healthy condition. Many a nostrum has been used and proved apparently successful in the hands of the regular practitioner, and frequently the thorough empiric can parade the cures which have attended his panacea. And both the regular and the empiric have succeeded, not because their remedies were beneficial in themselves (in many cases they may have been injurious) but independently of the means used. We have, therefore, to look for a reason why this should be; why judicious means shall fail in the hands of one man, and why inert, or it may be injudicious medication, shall be attended with favorable results in the hands of another. It is a common experience to witness the eventual failure of the theories, or of the medicines which have been initiated by strong and ardent minds because they are unphilosophically based, yet the success which has attended theories, demonstrates the necessity of looking for some principle beyond mere physical agencies, some underlying cause for the success which follows the same or varying treatment. It may be urged that the "vis medicatrix" explains the difficulty; but that power has been present in the same case in which the philosophical attendant has failed, and the inert globule has afterwards succeeded. We are therefore compelled in *certain cases* to look further for the efficient cause; one which aids the ignorant empiric as much as it does the regular practitioner—*one* which stimulates the force of the system to renewed activity and to a healthy termination, one which is more than a natural tendency to a sound state—*one* which exercises a curative power when called into play, and residing in the mind and proceeding from it aids the physician, who enlists in his favor a strong anticipation more potent in certain temperaments than well adapted drugs. This is no new idea. It is one we all recognize, yet one we continually overlook. We are so engaged in the contest with disease—so bent upon effecting results by the power of medicine—that we are practically sceptics of the enormous force which the mind exercises not only over the functions of the organs, but over the structure of the organs and tissues themselves.

Brown Sequard, who has devoted much attention to the nervous system, has thus expressed himself, "Power of the mind over the body is much greater than most of you imagine; indeed, I do not think that any one among you, (he was addressing a public audience) however exalted may be his idea of the strength and variety of that power, has an adequate conception of its magnitude within the

bounds which I will mention." Again he remarks, "The cure of any illness which does not consist in a disorganization of the tissues can be accomplished when the person thinks it can be done. If we physicians, who treat patients every day, had the power to make them believe that they are to be cured, we certainly would obtain less fees than we do. There is no doubt at all, that if we could give to patients the idea that they are to be cured, they would often be cured, especially if we could name the time for it, which is a great element in our success." "I have succeeded in this way, and I may say that I succeed more now than formerly, because I have the faith that I can in giving faith obtain a cure."

Such are the opinions and experience of a close philosophical observer, one who has devoted great ability and ceaseless energy to the solution of nervous phenomena.

This is an aspect of our profession which demands our consideration; for though it has been well determined that the mind is often seriously affected by the condition of the body, it is questionable whether the body is not as much influenced by the mind, and that changes may thus be brought about even in the tissues themselves. If this is so, it will give one solution why recoveries occur under the same or varying systems of treatment, when the *vis medicatrix* cannot be regarded as the cause. This is a class of cases which gives efficacy to, and confirms each peculiar system of treatment in the estimation of its followers; and it will be futile to reason with any one as to the merits of his system, if he is *conscious* that he has been relieved when using it. We can only do so by going behind the system and showing that there is a cause which is operative though not generally acknowledged;—a *cause* capable of producing results of a wondrous character, and when recognized sufficient to reconcile to sound philosophy what now appears a mass of contradictions.

I do not say that this class of persons on whom the mind is capable of producing such results is very numerous; but it is numerous enough to make the results a disturbing element in our medical progress, indeed to such an extent as seriously to affect the laity in their belief, and the profession itself in its certainty.

There are sufficient reasons to make us suspect that under anomalous conditions not only can the functions of organs be affected, as was demonstrated by Mr. Braid, of Manchester, but that changes in the tissues may be the result of disturbance in the nervous force; that this latter can assume various phases, being transmuted into heat or electricity, or manifesting itself in chemical power or motion. Be this as it may, Brown Sequard gives one among many instances in which nerve force caused physical changes of a remarkable character. He says: "A mother was looking at

her child who was standing at a window with its fingers on the border of the window under the lifted sash. She saw the sash come down with great force and crush the fingers of the poor child. The mother remained unable to move, feeling immediately a pain in the three fingers at the very place where the child had been injured. The fingers swelled, an effusion of blood took place, ulceration followed, and she was a long time being cured." How this physical change was brought about, by what modifying power, it is difficult to determine? We cannot admit that the imagination *per se* could have been the efficient agent, however important the role it played in the occurrence. But come from what condition of the mind, or tendencies of the nervous system it might, this, and phenomena similar in character exist as facts, and it will be wise if the profession give them due attention. There may be very few among the many, yet the principle involved in their production may supply a rationale for the instances which are adduced by empirics as proofs of the efficacy of their nostrums, and prevent the regular physician from being himself misled, or misleading others. A decided benefit will thus be gained. We will wrest from the ignorant their apparent success. We will make amenable to the laws of philosophical induction what has been vague and indefinite. For however subtle the principles which are operative they will be mastered by a rigid system of investigation, and as soon as the phenomena become tangible they will not long escape the penetrating power of the medical mind.

Facts, no matter how incompatible with our previous experience and theories, will have to be faithfully registered, and when a sufficient number has been accumulated, then some one will rise to the emergency, and establish the law of their production.

Medical science has always required patient research, and never more so than at the present time; its foundations are based upon the laws of being, and these laws are bound up with, and modify every change in the organism. And as there is no domain of nature but what may throw light upon our path, the amount of knowledge requisite to become a well grounded member of the profession will steadily increase until it touches the inconceivable. And if the scientists who can stand on the firm earth, and have to deal with matter in its more simple combinations, have still before them vexed problems and long years of patient research, how much greater must be the endurance of the physician who has to determine his certainties amid the shifting sands of life, where the varying phases are all but infinite and the organic forces and mental powers assume protean shapes.

In May, Dr. Steves and I went to Louisville to attend the meeting of the American Medical Association. We were most kindly received, and they have res-

ponded by appointing six of their number to be present at our session. There is evidence that the meetings of their Association are producing a very beneficial result upon the whole profession in that country; not only is the tone and standing of the profession raised by the mixing of the leaders and veterans with the general body, but its culture and intellectual attainments force upon the public a truer estimate of its importance. A late President, Dr. J. M. Toner, says: "It must be apparent to all that the concentration of medical thought, and the scientific aspirations of the profession of the country, as expressed through this Central Association, are such that by its unity of action it exercises more influence now over the public and profession than ever before; or than would be possible without such combined association. This is particularly noticeable in States in which there has been recent legislation affecting the profession and public health." Again, "It is a source of sincere congratulation that our medical educational institutions are rapidly enlarging and perfecting their curriculums; and becoming more thorough and efficient in teaching the science of medicine."\* Too much importance cannot be attached to the attainments required of the members of our profession, for "it is our distinction and hope that to secure its largest practical amelioration, society must look mainly to us—our range of duty being the whole organization of man in health and disease—psychically as well as physically we alone offer that wider field of new action which an advanced society now requires. All that gives happiness, assuages pain, prevents disease, lengthens life, betters the individual or improves the race—these, the greatest concerns of living humanity, and carrying with them the principal morals of society, belong to our care. On them we are the only teachers that can speak with authority, or that, by and by, will be listened to with conviction. We alone can make theory on them give way to demonstration, speculation to ascertained fact, doubt to certitude; and outside our pale there is no teaching nor knowledge that is secular beyond what forms a fraudulent empiricism on one side, and a perilous credulity on the other."—(*Medical Times*.)

There is a subject which I would submit to the Association for its consideration, and that is, the want of a registration of births, deaths and marriages. In some of the Provinces it does not exist, and it will be for you to decide whether a memorial from this Association to the general government will tend to hasten that most to be desired action of the Dominion legislature.

\* President's address, 1874, at Detroit.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I intended to have commented in the last number of your journal upon some of the proceedings of the Council at its last session, but business engagements prevented until too late. A delay, however, till the next issue will prove no disadvantage, and will perhaps satisfy the Council that the course pursued by them in connection with certain matters, is not likely to pass unnoticed, nor yet escape criticism.

There are three points, in the late proceedings to which the profession may very justly take exception, namely: the system devised for enforcing the penal clauses; the elimination of medical diagnosis from the general branches; and the principle adhered to in the appointment of examiners.

As an humble member of the profession—not one of the “*thin-skinned*” ones, referred to by Dr. William Clarke—interested in its standard and dignity, I am determined both by word and act to protest against the manner in which these matters have been disposed of.

It will be remembered that a good deal of trouble was taken, and time spent in arranging and maneuvering the present act before it became law. It is not necessary that I should detail here the various circumstances and contingencies that had to be considered and provided against; suffice it to say, the Council at that time were in dire necessity, in fact, bankrupt, and it was likely to become dismembered—dissolved rather, owing to extreme poverty. The students were rebelling against having to pay heavy fees, and after being bled till the last shilling ran from their pockets, left to take chance against pretenders and quacks upon every hand. The general profession also was in a state of discontent, and displayed but little concern as to whether “school kept or not,” owing mainly to the penal clauses having proved inoperative. At this juncture the Council saw a chance of replenishing their exchequer, and accordingly an “effective” penal clause was offered as a *quid pro quo* for an annual assessment. The profession, I am satisfied, in accepting the condition did not expect to have the prosecution of quacks thrown back upon their hands. Nine-tenths, I’ll venture to say,

expected that some officer of the Council would be vested with authority to prosecute in the name of the college. As it now is, the prosecutions will have the appearance of petty jealousy upon the part of the medical men where the prosecutions take place, and will consequently be avoided. The registrar of the college, under the direction of the Council, or its Executive Committee, is the proper functionary; and the penal clauses, I may safely predict, will amount to *nil* until the Council through its registrar compels compliance with the law. How differently the course adopted by the Council in relation to the annual assessment. They have instructed the registrar, I am informed, to notify all those who have not paid their fee to remit at once, or they will be proceeded against. Who are interested, I would ask, in having the country cleared of unlicensed quacks? No one outside of the ranks of the profession. In that case and under the present arrangement, where then are there to be found in any of the divisions, or any county, one or two medical men willing to neglect their patients and proceed hither and thither over their respective territory in pursuit of quacks? to say nothing of the obloquy and malice they would be sure to encounter. Let the Council, if they desire to have the confidence and support of the profession take the prosecution into their own hands, vest the registrar with the authority, and pay him a salary, with travelling and other expenses. I, for one, would prefer having \$500 or \$600 or even \$800, if necessary, expended in that way, rather than have the Council in session a day longer than necessary, indulging in idle babble and personal abuse, wasting the funds, and committing themselves and their profession to open disgrace. The plan as at present will not prove satisfactory; and there is no use in the Council beating about the bush, devising first one scheme, and then another; in fact, *finessing* to shift the duty from their own shoulders, in order, it would appear, to escape direct criticism from one of the daily journals of Ontario. If the Council will only assume the duty and responsibility of enforcing, *fearlessly*, the penal clauses, the profession will very soon come to acknowledge and appreciate their efforts; and will the more readily aid them by their annual contribution. As it is, the profession is indifferent, from the very fact that the Council pander apparently, to the *Globe* in its free trade notions in medicine.

The second cause for dissatisfaction is the elimination of medical diagnosis from the general branches;—or rather, as Dr. W. Clarke's amendment places it, the confining of the examination in diagnosis to students of the general profession. This concession to Dr. Campbell—for I don't consider the Homœopaths, as a body desired it—was wholly unwarranted, and neither in the interest of the public, nor the profession. Dr. Campbell had no right to ask it, and the Council had less right to grant it. Whatever difference there may be in the treatment of any disease under the different systems, I cannot see how there can be any difference in diagnosis. The rash, say, of measles, or scarlet fever, cannot differ in a Homœopathic patient, from the rash in a patient seeking medical assistance under any other system of medicine. How absurd in case of a fracture of the femur, that the muscles in one patient should tilt the fragments Homœopathically; in another, Allopathically, and so on. Diagnosis in the profession, as I view it, is the ability to distinguish one disease from another;—the ability to examine a train of symptoms, and decide between cause and effect; the power of discriminating between normal and abnormal conditions of different organs and of the body generally.

I have always felt that diagnosis formed, in reality, the only ground upon which the votaries of the different systems could meet; but Dr. Campbell says not. He informs us that there are "Homœopathic principles" in diagnosis. If there are, by all means let us hear them. If a Homœopathic mode exists of diagnosing disease, then the Council have done but justice to Dr. Campbell and those whom he professes to lead. If not the Council then, in the interest of humanity, have committed a grave blunder, and should, therefore, revise their action without delay, and make diagnosis, as it should be, the common test ground of the whole profession.

But if they are as self-satisfied, in regard to what they have done in that matter, as they are in the appointment of the board of examiners, then there is very little hope that they will make any reform. One would have thought that in selecting examiners, in view of the strictures that had already been made, they would have acted with a little more caution. But they seemed to be governed entirely by their own importance, and, let me add, the

handsome fee (\$70.00) prepared for themselves for enacting another farce. That the examinations of 1874, in some of their parts, were a "farce," is notorious; for, in addition to a lack of confidence upon the part of the profession, and a large number of laity, some of the examiners themselves have privately admitted the fact. It has been remarked to me over and over again, by non-professionals, "Is it possible that so and so has passed the board?" "Why he hardly possesses common sense." There must have been an equalizing process of some kind adopted. And it has been suggested, that the aggregate number of marks made by all the candidates must have been divided equally, and thus by a sort of system of compensation the dull ones squeezed through. It is really laughable to hear these self-constituted examiners, specimens of concentrated medical lore, talk about their "tutelage." One would think they possessed more brains than all the rest of the medical men in their respective divisions. Where did the member for "Newcastle and Trent" get his tutelage? or the member for "Saugeen and Brock," his? or any of the other Territorial Representatives. Dr. W. Clarke must represent an ignorant horde, if out of 300, (a number, by the way, far in excess of what he represents), he could not find one fit to perform the duties of examiner. It is easy to see now why some of these men, in arranging the present act, were so anxious for a long term of office. They had an eye at the time to a general monopoly. They wanted five years of office; the profession to contribute liberally to their support; to allow them all the honours, and submit to being told in the bargain, that they are not fit to examine a student. The profession is becoming alive to the way in which things are managed. They plainly see that the long term system will have to be changed. It has been remarked that the longer the term of office of any public servant the more arrogant and self-conceited he is likely to become—this is true in regard to some of the older members of the Council. It is indispensable, therefore, that an early weeding out should take place. I would suggest then that the substitution of annual, or biennial elections for the present five year system form a feature of the contemplated amendments. It would afford an opportunity for the infusion of new materials from year to year, as well as furnish a wholesome check against extravagance, and studied

effort to shirk the responsibility from whatever cause, of enforcing any of the provisions of the act. It would also conduce materially to dispel that childish vanity which actuates members of the present Council in placing themselves year after year upon the examining board; and thus serve to abolish a system as vicious in its tendencies; as it is repugnant to good taste, and the general feeling of the profession.

Yours respectfully.

MEDICUS.

King's & Queen's Division, Aug. 19, 1875.

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### THE EXAMINING BOARD.

To the Editor of the CANADA LANCET.

Sir,—A client on one occasion said he never felt how mean a man he was until an opposing lawyer sketched him to a jury. He was aware, for the first time, that such a wretch was not fit to live, and prepared to commit suicide; but when he considered the matter over, he felt that his opponents were not the proper parties to furnish him with a certificate of character. The Examining Board of the Medical Council must feel like committing *hari kari* after knowing that its several members are "traducers," "revilers," "morbidly vain," "selfishly ambitious," "overweeningly vain," "childishly obstinate," and other choice epithets, which I am sure are rare exotics and not indigenous to the soil, in the editor's ethics. All parties have been indulging in a good deal of vigorous and plethoric verbiage, which tends not to good fellowship, and if both sides of the equation are equal, it would be well to drop the *tu quoque* style and "rise to explain."

It must be remembered that the statute only provides for nine examiners. Four of these must be professors of the medical schools. One of the remainder rightfully belongs to the homœopathic body; leaving only four who can be selected from the profession at large, in Ontario. The result has always been that a majority of the Examining Board were residents of Toronto, and four were teachers in the schools. When outside examiners were appointed, the majority of the Board was in a position to control and dictate to these appointees of the Council, and did manipulate, to some extent, those examiners whose interests were only

for a day, seeing that their tenure of office was slender, and that they had no representative stewardship such as members of the Council have. The returns of these examinations were sent to the Registrar; and the outside examiners, at this stage terminated their labours, leaving all their responsibilities behind. They were at no stage of their work amenable to anybody for the proper and faithful discharge of their duty, and could not be recalled to answer for it, if found negligent and unworthy. The Board thus became a creation of the colleges, to as great an extent as in days of yore. When the Council met, it was found that when a student felt aggrieved at the result of his examinations, and asked for a revisal of his papers, and a reconsideration of his verdict, the examiner would not be present to answer for himself, nor could he be summoned from—it might be—the utmost verge of the Province, to give an account of his stewardship. On the other hand, if the examiner had a grievance, he could not dance attendance on the Council at each *sederunt* to ventilate his wrongs, without extra remuneration. Such instances often arose, and caused great perplexity, on account of the impossibility of bringing the dissentients together. Not only so, but it was found that in too many instances, representatives chose personal friends, or those who were active in securing their election, many of whom were utterly unfit for the position. It was often the case, that those chosen were not known to any member of the Council except the proposer, and he would not always vouch for the efficiency of the nominated appointee. This became a crying evil, and was protested strongly against by the students themselves, who felt insulted thereby. One examiner could not be chosen out of each of the twelve territorial districts, when only four were required, and the consequence was, that those members of the Council, who had the most influence controlled the appointments, thus caucuses, wire-pulling, and reciprocity, became the order of the day. The *seven* college representatives held the balance of power in the struggle, and virtually were the selectors of the examiners. I do not say, they abused that power, it however was in their hands did they choose to exercise it, and at the same time a *quid pro quo* demanded for favours granted in this respect. The writer, with other territorial representatives, felt that it was necessary to effect

a needed reform, or the new system would only be a duplicate of the old order of things, in a modern garb. This brought about the present arrangement, against which, the Editor of the LANCET, a professor in one of the Colleges—protests with vehemence, and dreadful menace, asking for a return to the previous arrangement. This demand is somewhat inconsistent, when it is remembered that the professors of all the Medical Colleges in Ontario, examine their students for graduation. The highest medical honours of the different Universities, are bestowed on these graduates on the value and acceptance by the respective Senates of the returns of the teachers, and sole examiners of these students. If the members of the Council are guilty of a monstrosity in selecting a majority from among themselves, who are *not* teachers, and who have no personal interest in the success of the students, beyond a general wish for their welfare, how much greater is the monopoly of these bodies which are responsible to no corporation *larger than themselves*, for the faithful discharge of duty. If any change be necessary, let it be of a general character, involving the whole of medical education, without respect to institutions or corporations. If the LANCET be in earnest in desiring a change in the present method of examinations, let its readers see it advocating a radical sweep, commencing with the Colleges, which take the initiatory, intermediate, and final steps in Medical education. This may be done in two ways. Firstly:—A board of examiners, to be jointly selected by the different University Senates and the Medical Council; the half to be chosen by each. This board to conduct all the examinations, from the inception of a collegiate course, as well as for license; including the control of the curriculum. No one to be appointed as examiner, who is a medical teacher, or a councillor. The returns to be made to the respective Colleges for graduates and to the Council for license; or seeing that the different Colleges are represented in the Council, to it only. Secondly; the examiners to be appointed by the Government, from the nominations of the Colleges and Council; the nominations of the former to be confined to the graduates of each College respectively,—and of the latter to the licentiates; but no councillors nor professors can be eligible for appointments. Some such scheme would show that the LANCET does not wish to uphold the selfish principle “all

yours are ours, but all ours are our own.” I find no fault with the present system, and believe it is doing a good work, but, if others think differently, let them propose practicable alternatives. The existing system has not been objected to by the profession at large; no remonstrances, petitions, or requests have been presented to the Council asking for a change, and “a storm in a teapot,” does not indicate a war of discordant elements outside. When our constituents ask for a change, it will be by an intelligent proposal that will reach the College programme, as well as the Council Board, and that will commend itself to the judgment of a large constituency.

It must not be forgotten that the work of all the committees of the Council, whether that of the Executive, or of the Examining Board, is supervised by the Council, so that any charges brought against these Committees must be predicated of the whole body. The unit, which includes the fraction, must bear the responsibility. It is well to keep this in mind, in discussing the next matter of complaint, seeing that the *ad hominem* style of invective has been used against a section of the indicted body, to the exclusion of the remainder. I have no doubt, all are willing to bear the responsibility, and fear not the vengeful darts of Achilles.

One word in regard to the examinations is necessary. The LANCET infers that because the examinations last autumn resulted in no rejections, it was proof positive that favouritism or something worse had crept in. Such a statement is most illogical, for it means that if none were rejected (however well qualified,) it is a sure indication of “something rotten in Denmark.” Few candidates came up for examination, and of these were several well up in years. On cardinal and practical subjects, *all* ranked high. On such subjects as Botany and Sanitary Science some did poorly, but the sum total value of such papers reached 50 per cent. The proof of this is seen now in the Registrar's hands. Would it be fair and honest to make scape-goats of some of these, in order to prove that the examinations were not a *farce*? Such is the reasoning; when on the contrary it is worthy of all commendation that the students acquitted themselves so creditably. In the spring examinations, a number failed, as far as I can remember about nine per cent. of the whole were found wanting on the day of trial. The LANCET

seems to forget that it advocated a certain amount of leniency towards those who had been old practitioners, but were anxious to conform to the law, and came up for examination last autumn. With considerable acrimony it charged the examiners with exacting the pound of flesh, and now, forsooth, they are recreant to their trust, because they may have taken its advice, in special cases. In the LANCET of Sept., 1874, it insists that all Canadians, who may have received British degrees should be exempted from the examinations. Such students might have graduated as surgeons or physicians, or obstetricians,—each of which does not include a general medical education—and asked to be licensed to practice all the branches of the profession, even, if many of them were not included in the British curriculum of these separate departments. In fact five guineas gives the midwifery degree to any graduate, *without* an examination. The fees of such deserving young men might be remitted but they should at least be examined on those subjects that were not required in Britain to obtain the respective diplomas. To do aught else, with no treaty of reciprocity between the “high contracting parties” would be lax indeed. In reference to those who were coming up for examination last September the LANCET says:—“We are glad to see this desire on the part of unlicensed practitioners to conform to the requirements of the law, and hope that every consideration in the interest of the profession will be given them.” “These are the men (*i.e.*, the Board of Examiners) who insist that every man, no matter what his standing and attainments may be, must pass a *strict* examination.” The above extracts—and others might be adduced—read strangely in the light of a recent editorial which denounces as *farcical*, examinations conducted in the spirit, if not in the letter, of the law. Personally, it is a matter of indifference to most of the examiners, who are selected. To the country examiners the task is a financial loss, but when the Council impose a responsible duty on any of its members, it is expected that it will be done “without fear and without reproach.”

In conclusion permit me to say, that I regret exceedingly that the “LANCET” has been obliged to bolster up its opinions, by the use of a private conversation in a public editorial. This course, surely, cannot be reconciled with the confidential relations which exist in honourable society. From

the high opinion I hold personally, of the Editor, I am convinced it must have been a *lapsus penne*, for we are told that sometimes, even Homer nods.

DANIEL CLARK,

Princeton, August 16th 1875.

To the Editor of the CANADA LANCET.

SIR,—Your timely remarks in reference to the appointing of medical examiners require more than a passing notice. On reading the discussion of the subject, one is reminded of the old maxim, “Might is right.” It is in the memory of many that the strongest argument, in favor of a Central Board, was the favoritism existing towards students by the professors of the College of their choice. The adoption of the new system was hailed universally by all thoughtful practitioners as a great boon. All matriculants and graduates to have a uniform entrance and final course, was a grand step in the right direction, and the idea was certainly entertained that students would no longer be examined in any branch by their tutors, but that gentlemen of ability and unbiased, outside of the teaching institutions, would be appointed.

The mode adopted by the Board is certainly wrong. At present, I suppose the concentrated wisdom of the profession and the Medical Board as now constituted, are synonymous, and therefore the Board possesses the cream of examiners. But this may not always continue, for it is not always the most profound and scholarly practitioner who is the most popular. The elections, in a great measure, depend upon personal energy, and as the profession begins to understand this greater struggles for position will take place. If, then, the Board should be comprised of men below mediocrity, it follows that college appointed representatives must *per force* be the examiners as long as the present rule prevails. To avoid such, or the appearance of any monopoly in the Board, the simple remedy in my opinion is the proposition advanced, to select as many examiners as possible from without the Council.

It is true, as Dr. Berryman said, “everybody was not capable to be an examiner.” I cannot conclude, however, that every outsider would be so very “green” in the art as he insinuates. I venture to assert that a respectable proportion of the profession is well up in the art of teaching. Witness



the number who have in their day held first-class teacher's certificates, and who were very popular as such, giving no uncertain sound as to their ability before the more arduous and responsible study of medicine was commenced, and though never dubbed professor, would dare break a lance on any given subject with the learned professor himself. I look upon the doctor's insinuation as a gratuitous piece of impertinence.

Dr. W. Clarke's dilemma is of a different caste. It is not the "green 'uns" that bother him—the inference is that a large number of those 300 he represents are fully qualified—but then his choice might be among his political or personal friends, and therefore he infinitely prefers the *Jurisprudence* Department of the Board to the *imprudence* without the *Juris* of selecting an examiner from his political or personal friends. I cannot see any force in the doctor's position. I see much weakness. Is there not one among those 300 whom the majority would not like to honor as much as the worthy doctor himself? Most certainly there must be, and if the worthy doctor proves timorous, because of possible offence, then let him take the advice of his political and personal friends, or else give way to another more strong and consistent.

Dr. D. Clarke's position as examiner in chemistry is equally at sea. "*If the students had any cause of complaint then the Council could investigate the matter.*"

It is passing strange that this truly popular M.D. should confine his *incompatibles* to chemistry alone. There are other matters, and this question of examiners is one.

If the learned doctor would take a few lessons from his *Jurisprudence* brother in extenso, selfishness excluded, he might perceive that no judge would try a case against himself, that no magistrate, or bench of them, would adjudicate on a matter against themselves; such would be incompatible with the idea of British fair play or British justice; and likewise I contend a complaint by students to be tried by the very persons against whom the complaint lies is an absurdity. It may be argued that all the Council are not examiners; that my position rests on wrong premises. I think not, for the same majorities that appointed the examiners would undoubtedly sustain them, as is apparent from the debates on the question already, and if any experience be necessary other than *Medical Boards* I

need only refer to Parliamentary Committees, appointed by the governing majority, the reports of which are generally a farce on the evidence taken, and yet are supported by the same majority. If this can be avoided, and I am sure it can, why not do so? Surely the small pittance for services as examiners is not, cannot be, the magnet that draws those gentlemen so powerfully. Is it the honor attached? Why then monopolize it? Why not distribute it? The whole thing looks to be so selfish and unjustifiable that I trust the profession generally will give no uncertain sound regarding it.

"ONE OF THE 300."

Flesherton, Aug. 9, 1875.

### OUR EDINBURGH LETTER.

To the Editor of the CANADA LANCET.

SIR,—After wandering about for some time your correspondent has at last settled down to work in Edinburgh, the modern Athens, the seat of so much learning and refinement. At that name what a flood of reminiscences will pour into the minds of some! Recollections of happy, careless student days, of this chum or that friend, or of some rich practical joke that will even now cause a hearty laugh after the lapse of long, long years of professional toil and anxiety, tinged, perhaps, with a shade of sadness, when memory tells of the few that are left of that great class. Some will remember Robert Knox and the fearful events of 1828-9; his queer pock-marked face, one eye, dome-like forehead and elegant attire will appear before their minds clear as the reflection from a mirror; the wild enthusiasm of the students, the unjust malignity of the rabble and the press will seem as though it was but yesterday—and will tell their students what lucky dogs they are to study in an age of enlightened medical legislation and cheap anatomical material. A little later saw the alternate friendship and rivalry of Liston and Syme, both anatomists and surgeons of the first order, making innovations in the practice of surgery, which called forth the acclamations of the liberal-minded, and gained the cordial hatred of the older school. Nor should Simpson, with his exposition of midwifery and chloroform, be forgotten in this enumeration. To pass on to more practical considerations. As to fractures, the general mode of treating

them here is by the Buck, or American method of weights and pulleys, with the addition of the perineal band, though the foot of the bed is raised. A long outside splint is also used occasionally for steadiness' sake. Plaster of Paris being applied during the last weeks by a modification of the Bavarian splint. At the clinic Mr. Annandale showed us a case in which he had excised the tongue for cancerous disease. His mode of operating is this:—He makes an incision through the lip and integument and fascia of the chin down to the bone, then carrying the incision back to the hyoid bone. The jaw is sawn at the symphysis and the halves widely separated, exposing the floor of the mouth thoroughly. The tongue is then split with a scalpel from base to apex, and the ecraseur or galvano-cautery is applied first to one half then to the other. The hemorrhage is slight. The raw surface is painted over with a pretty strong solution of chloride of zinc, the bone drilled and united by silver wire and wound closed. The patient is fed for a few days by an œsophageal tube. The sense of taste is retained to a wonderful extent, articulation comes later by use.

Dr. Watson tied the axillary artery at its second part for traumatic aneurism of the third portion. The sac was opened and clots turned out. Gangrene set in in a few hours, and death supervened. The bleeding had been very considerable. In my next I hope to draw your attention to Lister and the antiseptic method of treating wounds.

G. S. R.

August, 1875.

To the Editor of the CANADA LANCET.

SIR,—In the August number of the CANADA LANCET, page 371, I see recommended the Apocynum Cannabinum (Milk-weed) as a remedy in Anasarca.

The common milk-weed, so called from the milky juice which exudes from the freshly broken stem and leaf, or silk-weed, as it is sometimes named, from the large quantity of silky seed-down which the ripened pod or follicle contains, belongs to the family of Aselepias, and its botanical name, in full, is Aselepias Syriaca. It grows abundantly on the road sides, along the fences, on the banks of streams, and in the uncultivated parts of orchards and gardens throughout Ontario, particularly in

such districts as have a sandy or light loamy soil.

I have used this plant for dropsies in general, and ascites in particular, for the last nineteen years. I was induced to do so from having seen, when quite a lad, a proof of its virtues, when administered (by the advice of some lay person) to my grandmother, who was then an octogenarian, and was suffering severely from general dropsy. She recovered perfectly, and died some years afterwards from natural decay, without any return of the old malady.

During a practice of nineteen years I have often prescribed this milk-weed, frequently with great satisfaction to myself and relief to my patients. I always employ the root, and have it dug fresh from the earth, and advise a strong infusion to be made, of which the patient is directed to drink freely, so as to procure two or three watery evacuations from the bowels during the day. It is true that it has sometimes failed to meet my expectations and wishes, but this might be partially accounted for by the root not having been gathered at the proper season of the year; and in some cases its failure has doubtless been due to the origin of the malady. I have found that it is more likely to prove of service in hepatic and cardiac dropsies, and its virtues to be owing to its alterative action on the glandular system, as well as its hydragogue properties, which will not fail to put in an appearance when the drug is administered in sufficient doses.

WALTER LAMBERT, M.D.

Amherstburg, 10th Aug., 1875.

To the Editor of the CANADA LANCET.

SIR,—Allow me to call the attention of the profession to a means of cure for hooping-cough, that with me has been very successful.

I have advised the head of a family having the hooping-cough to procure some plaster from the plaster-beds and let the patients inhale from a warmed vessel the odor arising therefrom. They did so and were much improved. Two of another family went into the plaster-beds and are now quite well. This is the extract from a letter to me—“I went to the plaster mill and got a paper-full and let the children breathe over it, and it has helped them very much. Mrs. Carroll's two eldest children went to the plaster-beds but the day was warm and they were sweating and went too far in

and caught cold ; but when they got rid of the cold they got rid of the hooping-cough."

More than fifty have tried the experiment and it has succeeded, I believe, in all. Feeling it my duty to write this, and trusting that it will receive a more extended trial,

I remain yours, &c.,

JOHN KIRK, L.M.B.

Attercliffe, August 7th, 1875.

### Selected Articles.

#### WOMEN IN THE MEDICAL PROFESSION.

The following is an extract from a speech delivered at the late meeting of the General Medical Council of England, by Dr. Andrew Wood.—“Let us stand up for the women, and keep them from having their sex discredited by women becoming doctors of medicine. Another argument is that women shrink from telling their ailments to men. Well, I have been for forty years a practitioner, and I have never found that women shrink from telling their ailments to me. I believe that there are some women who would not tell their ailments to any one, either male or female, and I have had conversations with some of our most accomplished accoucheurs, and they have all told me that they never found any difficulty in making their complaints known to a medical man. I have noticed that it is generally the most delicate-minded women that have the least difficulty in making their complaints known to a medical man. Then it is said, “Well, perhaps women may not be up to all the different departments of medicine and surgery ; but surely you will allow that the natural thing would be that they should practice in midwifery.” Midwifery is just the department of practice for which they are least fitted. That may appear as an anomaly. But just look at it as it is. Ninety-nine out of a hundred midwifery cases could be managed by anybody. I think that it is some Irishman who said “It is not the difficulty to get the child out, but to keep it in.” In ninety-nine cases out of a hundred it might be managed by anybody, but then the hundredth case might occur the very first. I ask you, would you like to entrust your wife to a female midwife if there was a case of embryulcia? Would you like to see a woman with a crotchet in her hand, or with the long forceps, pulling with all her might, and the sweat running down her face? Would you like to see a woman in charge of a case where blood was gushing out in torrents from the womb, and do you think that she would have the readiness and nerve which would save the patient from being lost? I say that these cases of midwifery are just the very cases

which are least adapted to female doctors ; and it is a very curious fact, and one that is undeniable, that whereas in the last century, and in the beginning of this century, very few women were delivered of any but women, in Edinburgh (I do not know what is in England) even the very poorest woman in the poorest close would now infinitely prefer a man to attend her, and always does employ a man. That shows that confidence has been gained in the resources of men in this practice, and that many of the dangers that formerly encompassed the practice of midwifery have been got rid of by those who are best fitted to take charge of women.

There are very many things that they are far better adapted for—the teaching of young children and of grown-up girls, for example. Then we find them in the public offices, such as the post-office, and other offices where, as clerks, they can sit quietly at their desks, and not be called to encounter any of those dreadful things which they must encounter if they become doctors. They are also employed in the telegraph office. Many women write for the press, and others become compositors. Others are artists, and I do not know why more should not be. Then I will just make this *argumentum ad hominem*. I would ask any member of this Council whether he would like to see his sister or daughter embracing the practice of medicine? He would revolt at such an idea ; he would not like to go into the dissecting room, as I have gone, and see five or six ladies dissecting a body, with their hands all covered with filth, and five or six male students dissecting another body two or three yards off them. They would not like to see them on their knees covered with blood. They would not like to see them liable to be called out at all hours of the day and night. We should not like to see the toiling and moiling, and noise and discomfort and disquietude to which they would be subjected. Therefore, why should we encourage the sisters and daughters of others to enter into a profession that we would not like our own sisters and daughters to take up with?

I say, then, in conclusion, do not let us entrench upon the softness and delicacy of the female sex. Leave them to be what God made them, and what nature intended them for. I do not wish to disparage them. I love the female sex, and it is because I love them that I wish to keep them from this “mockery, delusion, and snare.” Let us regard them as women who, in the language of our immortal Scotch poet, are to us in our hours of perplexity and sickness and sorrow nothing less than “ministering angels.”—*Lancet*.

CICATRIZED ULCERS OF INTESTINES.—Niemeyer states in his *Practice of Medicine*, that out of 2300 dead bodies examined, one in every 20 exhibited evidence of cicatrized ulcers in the intestines.

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CATHARTIC COMPOUND, U. S.	{ Ext. Coloc. Co. Pulv. 1-3 gr. Ext. Jalapae Pulv. 1 gr. Hyd. Chlor. Mite. 1 gr. Gambogia Pulv. 1-4 gr. }	1 00	4 75
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FERRUGINOUS (Blaud.)	{ Ferri, Sulphas. 3 and 5 grs. Potassae, Carb. aa }	1 00	4 75
HOOPER'S	Iodoform 1 gr.	50	2 25
IODIFORM AND IRON	{ Iodoform 1 gr. Ferrum, Redactum, (Quevenne's) 1 gr. }	2 grs.	2 50
IRON BY HYDROGEN, (Quevenne's)	1 gr.	50	2 25
IRON BY HYDROGEN, (Quevenne's)	2 grs.	75	3 50
IRON, CITRATE AND QUININE	1 gr.	1 00	4 75
IRON, CITRATE AND QUININE	2 grs.	1 50	7 25
IRON, PROTO-CARBONATE (Vallet's Mass)	2 grs.	50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	3 grs.	50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	5 grs.	60	2 75
OPIMUM, U. S.	1 gr.	75	3 50
OPIMUM AND CAMPHOR	{ Opium 1 gr. Camphor 2 grs. }	3 grs.	80
PEPSIN	5 grs.	1 50	7 25
PEPSIN AND BISMUTH	{ Pepsin 2 grs. Bismuth, Sub-Nit. 3 grs. }	5 grs.	1 50
PEPSIN, BISMUTH AND STRYCHNINE	{ Pepsin 2 1-2 grs. Bismuth, Sub-Nit. 2 1-2 grs. Strychnia 1-60 gr. }	5 grs.	1 75
PHOSPHATES IRON, QUININE AND STRYCHNINE	{ Ferri, Phosphas 2 grs. Quinine, Sulphas 1 gr. Strychnia, Sulphas 1-60 gr. }	2 00	9 75
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PHOSPHORUS COMPOUND	{ Phosphorus 1-60 gr. Ext. Nucis Vomicae 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND	{ Phosphorus 1-100 gr. Ext. Nucis Vomicae 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND AND IRON	{ Phosphorus 1-100 gr. Ferri, Phosphas 1-2 gr. Ext. Nucis Vomicae 1-8 gr. }	1 25	6 00
PODOPHYLLIN	1 and 1 gr.	75	3 50
PODOPHYLLIN COMPOUND	{ Podophyllin 1-2 gr. Ext. Hyoscyami 1-8 gr. Ext. Nucis Vomicae 1-16 gr. }	1 00	4 75
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QUININE, SULPHATE AND BI-SULPHATE	1 gr.	1 50	7 25
QUININE, SULPHATE AND BI-SULPHATE	1 1/2 grs.	2 15	10 50
QUININE, SULPHATE AND BI-SULPHATE	2 grs.	2 75	13 50
QUININE, SULPHATE AND BI-SULPHATE	3 grs.	4 00	19 75
QUININE, SULPHATE AND BI-SULPHATE	4 grs.	5 50	27 25
QUININE, SULPHATE AND BI-SULPHATE	5 grs.	6 50	32 25
QUININE COMPOUND	{ Quinine, Sulphas 1 gr. Ferrum, Redactum, (Quevenne's) 1 gr. Acid., Arseniosum 1-32 gr. }	2 00	9 75
QUININE, ARSENIC AND NUX VOMICA	{ Quinine, Sulphas 1 gr. Acid., Arseniosum 1-60 gr. Ext. Nucis Vomicae 1-4 gr. }	2 00	9 75
QUININE, PHOSPHORUS AND NUX VOMICA	{ Quinine, Sulphas 1 gr. Phosphorus 1-60 gr. Ext. Nucis Vomicae 1-40 gr. }	2 75	13 50
RHUBARB, U. S.	{ Rheum 3 grs. Sapo 1 gr. }	1 00	4 75
RHUBARB COMPOUND, U. S.	{ Rheum 2 grs. Myrrha 1 gr. Aloe, Soc. 1 1-2 gr. Ol. Menthae Pip. 1 gr. }	1 00	4 75
SANTONIN	1 gr.	1 00	4 75
TRIPLEX	{ Aloe Soc. Pulv. 1 1-2 grs. Pil. Hydrag. 3-4 gr. Res. Podophylli 3-4 gr. }	1 00	4 75

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These Pills are put up in bottles of 100 and 500 each, *neatly labeled with formula*.

They have already received the approbation of many distinguished Physicians, and have been favorably noticed in our leading Pharmaceutical Journals, and no pains will be spared in their manufacture to entitle them to merit the confidence and approval of the profession and public.

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5th.—Our Pills are oval and, unlike others, *necessarily soft*, when coated. *Our process is the only one in which the mass can be coated when soft*, in fact, the pills must be soft in order to be coated by our machinery; the nature of some masses is to harden after being made, but all our Pills are soft when made, soluble and readily assimilable.

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A pint of this Elixir represents one ounce of True Calisaya Bark, with 128 grains of the Pyrophosphate of Iron. The Iron is so combined in this preparation as to make it tasteless, at the same time that it is prompt and efficient in its action, and can be taken without affecting the teeth.

DOSE.—From a tea-spoonful to a table-spoonful, three times a day, before or after meals, as the physician may direct.

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- " Blackberry Root.
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- " " Compound.
- " Calisaya.
- " " with Pyrophos. of Iron
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- " " Iron and Bismuth.
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- " " Arsenic and Strychnia
- " " Bismuth
- " " Iron, Bism. & Pepsin.
- " " Iron, Bism. & Strychnia.
- " " Iron and Quinia.
- " " and Strychnia.
- " " Cherry Bark.
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- " " Cinchona.
- " " Colombo.
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- " " Hellebore.
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- " " Mandrake, Compound.
- " " Matico.
- " " Matico, Compound.
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- " " Orange Peel.
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- " " " and Bismuth.
- " " " Bismuth and Iron.
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- " " " " and Strychnia.
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- " " Pyrophosphate of Iron.
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- " " Quinia.
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- " " " Arsenic and Iron.
- " " " " and Strychnia.
- " " " Iron, Bis. and Pepsin.
- " " " " and Strychnia.
- " " " " and Strychnia.
- " " " and Strychnia
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Sold in 4 oz., 1 lb. and 5 lb. bottles.

## ADMINISTRATION OF TAR IN PSORIASIS.

In the *British Medical Journal* of April 10th, 1875, I observe, under the above heading, the results of Mr. Balmanno Squire's trials of tar internally in cases of psoriasis; and the conclusion to which he has arrived is summed up in the following sentence: "I can only offer my experiment to him (Dr. Ringer), in the hope that he may think it worth while to repeat it, and report whether or not I am correct in my conclusion that tar taken internally has no effect in curing psoriasis." Having given this medicine very extensively in cases of psoriasis for a good many years, I am bound to say that the results of my experience are strangely at variance with those of Mr. Squire; indeed, I have come to regard it in the light of one of the most valuable remedies we possess in the treatment of that disease. And it is not merely in mild cases that it does good, for it has, in many hands, frequently yielded the most satisfactory results in very obstinate cases after long courses of arsenic and many other orthodox remedies had been tried in vain. Perhaps it may be that the dose and mode of administration of the tar may have something to do with the difference in the results obtained by Mr. Squire and myself; and, therefore, it may be well to state that I generally begin with two minims three times a day in a teaspoonful of treacle, and gradually increase the dose, if necessary, to half a teaspoonful, or even more. The small dose is advisable at first, as in some persons the medicine cannot be tolerated, and produces derangement of the digestive organs, fever, and a bright red rash upon the skin.

I can testify also to the virtues of this remedy in catarrh of the bronchial tubes, as pointed out by Dr. Ringer, and in chronic affections of the mucous membranes generally; and I conclude with the remark that it is very singular how such a valuable remedy, which seems in earlier days to have been highly esteemed, should, as an internal medicine, have fallen into such disrepute in our own time.—  
*Dr. M'Call Anderson, Brit. Med. Journal.*

## INJECTIONS OF TINCTURE OF IODINE INTO THE CAVITY OF THE UTERUS.

In comparison with *iron, tinct. iodine* has the advantage, so far as we now know, of being perfectly safe; at any rate, free from the evils incident to the employment of iron. Besides this we have the direct antiseptic influence of the iodine upon the uterine and vaginal mucous membrane. The application of iodine to the lining membrane of the uterus is, probably, of all things the surest

means of counteracting a tendency to absorption of septic matter into the system after delivery. Since adopting the practice of injecting the iodine after operations upon the interior of the uterus, Dr. Emmet has not encountered a single case of septicæmia. As contrasted with the salts of iron in this respect, it would seem as if there could be no room for hesitation in the choice. From the local action of iodine not only is nothing to be feared, but even advantages to be anticipated; while from the local action of iron much may be apprehended. As an excito-motor agent, iodine is probably at least equally good, while incapable of causing the formation of thrombi in the uterine vessels. In view of these facts one would feel justified in resorting to the iodine earlier than to the iron, and in this respect also an advantage may be gained for the patient, since the use of iron is expressly limited to cases deemed hopeless under ordinary management.

We all know how impossible it is to limit the use of any expedient to the cases for which it is expressly designed. Thus was it with Simpson's plan of detaching the placenta, distinctly limited by its author to cases of extreme severity in which the life of the child was of the least moment, and yet employed by not a few as early as the state of the os would permit. The same is true of the subject under consideration. Dr. Hicks, a practitioner of deservedly large influence, had used the iron injections a "great number" of times. No matter how extensive a man's practice may be, he can scarcely have met with a "great number" in which the conditions are those which Dr. Barnes describes; and indeed, as we have already seen, we find Dr. Barnes himself acknowledging the influence of the injection in causing the womb to contract. In those instances in which the event shows that reflex action may still be excited by a new and efficient stimulant, there surely is no need of the *coagulating* power of the injection. We must admit that a stop may be put to the loss of blood by the local action of the styptic as the blood flows from the open vessels, and that in the absence of reflex action the woman, if she recovers, must owe her life to injection as a styptic alone; but these cases must be exceptional, and form but a small proportion of those in which it has been resorted to.

In recapitulation we may briefly say that we have sought to show:

1st. That a very considerable proportion of cases in which the injection of salts of iron has apparently saved life, have been those in which it accomplished this end, not in virtue of its local styptic action, but because of its power to excite reflex action, when cold, friction, pressure, etc., have failed.

2nd. That when it produces coagulation of blood in the orifices of blood vessels there is



danger that the coagulation may follow the vessels into the substance of the uterus, producing dangerous thrombi, and that the blood already collected in the cavity of the uterus also may become converted into a hard, intractable coagulum, which the uterus cannot expel, and which may, after a few days, decompose and give rise to septicæmia.

3rd. That there is evidence for believing that as an excitor of dormant reflex action, tinct. iodine may be substituted for the iron with positive advantages from its efficacy as an excitor and from its antiseptic properties.

If these points are established, the use of iron salts, in a solution sufficiently strong to induce coagulation of blood in the uterine vessels, should at any rate not be resorted to until tinct. of iodine has been tried and failed.

In conclusion, I would distinctly disavow the position of claiming positively for iodine a superiority over the iron. More facts are needed to warrant this. I have simply sought to present the considerations that render it extremely probable that the one will be found an advantageous substitute for the other, when it shall have received at the hands of the profession a sufficient trial.—*Am. Journal of Obstetrics*, February, 1875.—*Med. News*.

## ADHESION OF THE PLACENTA.

By J. G. SWAYNE, M.D.

Consulting Physician-Accoucheur to the Bristol General Hospital.

Adhesion of the placenta is one of those complications of labor which are especially dangerous in the hands of an unskilful accoucheur. Both the diagnosis and the treatment of it demand from the obstetric practitioner the exercise of the *tactus eruditus*: and, if this be wanting, the most disastrous consequences may ensue. The patient may die either quickly from hæmorrhage, or more slowly but not less surely, from septicæmia. Moreover, adhesion of the placenta is not unfrequently the cause of those frightful cases of malapraxis in midwifery which lead to coroners' inquests. For instance, an incompetent midwife, either male or female, sets about removing what is supposed to be a retained placenta, and, in the rashness of ignorance, tears away the entire uterus, and perhaps a considerable portion of the intestines. It is most desirable, therefore, that we should ascertain the causes of a complication that may be so hazardous, and use every means in our power to prevent it. But here, it must be confessed, our knowledge is very much at fault; the diseases, both of the fœtus and of the placenta and membranes, are at present veiled in the greatest obscurity. Nor is our knowledge of the pathology of the gravid uterus much more advanced. Most obstetric

authorities who have gone much into the etiology of morbid adhesion of the placenta have been disposed to attribute it to a subacute inflammatory affection of the lining membrane of the uterus, most probably of a rheumatic character. Others, again, such as the late Sir James Simpson (who has written a very able memoir on "Congestion and Inflammation of the Placenta"), are of opinion that placental adhesion is a result of inflammation of the placenta, placentitis. Sir J. Simpson remarks: "The effusion or secretion of coagulable lymph as a termination of placental inflammation is best known by the effect to which it not unfrequently gives rise, of producing more or less intimate and extensive adhesion between the uterine surface of the placenta and the inner corresponding surface of the uterus, constituting a morbid state of the after-birth that frequently forms a most formidable and dangerous cause of the uterine hæmorrhage after the expulsion of the child."

The *diagnosis* of placental adhesion is a matter of considerable uncertainty, unless the hand be introduced into the uterus, so as actually to ascertain by the touch the nature and extent of the adhesion. Before this is done, we can only form probable conjectures. We may suppose then there is morbid adhesion, if, after the child is born, on placing the hand over the fundus uteri, the uterus can be felt contracting repeatedly and even energetically without any apparent result; and this presumption is strengthened if the cord, on gently pulling it and then letting it go, be observed to spring back as if the placenta were tightly held by the uterus, especially if we can feel that there is no constriction of the circular fibres of the uterus to account for this. It should be borne in mind, however, that the presence of irregular contraction of the uterus is no proof of the non-existence of placental adhesion; for in some of the worst cases these conditions coexist. The introduction of the hand is equally necessary in either case, and soon removes all doubt as to the cause of retention. The existence of hæmorrhage proves nothing, as this may accompany retention of the placenta from any cause.

The *treatment* of adherent placenta should be prompt, because this complication is generally accompanied with hæmorrhage, which may speedily become dangerous. It is never safe to leave such cases long to the unaided powers of nature, or to rely on ergot, styptics, or an kind of drug. The hand of the accoucheur supplies the only safe and effectual remedy. To employ this remedy properly, some coolness and dexterity and a considerable amount of patience are required. The hand has sometimes to be kept in the uterus for half an hour or more before the operation can be completed. In the ordinary obstetric position, the woman lying on her left side, the left hand will be found to be much the most convenient for this purpose; but,

to perform the operation properly, both hands should be used. The right hand applied externally over the fundus uteri steadies the uterus, and gives important help to the other hand during these manipulations. If, in addition to placental adhesion, there should be an hour-glass contraction of the uterus, the case is rendered more tedious and difficult; for the circular constriction has first to be overcome before the hand can be passed far enough to separate the adhesions. In such a case, the vagina will probably be found to be loose and capacious, and perhaps filled with clots; whilst the upper portion of it is occupied by a firm fleshy mass, into which the cord is apparently inserted. On making a careful examination, however, by passing up the fingers of the left hand along the cord, which should serve as a guide, this mass is found to be the uterus, tightly contracted around the retained placenta; the circular fibres of the os uteri internum surrounding the cord very closely. This is precisely the condition of things which leads to those horrible blunders which are sometimes committed by ignorant and incompetent practitioners. A practitioner of this sort, for instance, having waited a reasonable time after the birth of child for the expulsion of the placenta, and finding that this does not take place, and that, moreover, there is some hæmorrhage, endeavors to remove the after-birth by tugging at the cord. The only result of this proceeding is, that the cord breaks short off, the hæmorrhage is increased. By the breaking of the cord, he loses his guide; and, becoming still more flurried from observing the fresh hæmorrhage, he passes up his hand, and feels nothing but the uterus tightly contracted around the placenta. Mistaking this for the latter, he gets his fingers into the hollow of the sacrum behind it, with the object of scooping out the after-birth, which he supposes to be (what the old nurses call) "grown to the side." At last, by means of his nails, he succeeds in separating the posterior wall of the vagina from its attachment to the uterus, and gets his hand into the pouch of Douglas, and of course, into the peritoneal cavity. Still unaware of his mistake, he grasps the fundus uteri from behind; and, thus obtaining a good purchase, he tears away the entire organ; and then at last, with the appearance of the intestines, the horrible conviction of his blunder dawns upon him.

Such is the manner in which we may reasonably suppose that many of these awful cases of malapris take place. I need scarcely remark that such accidents ought to be impossible to any one possessed of the smallest amount of skill and anatomical knowledge.

To pass on, however, to the manipulation necessary in these cases: if the cord be tightly encircled by the os uteri, the constriction should be overcome by insinuating the tips of the fingers into the os in a conical form; whilst the right hand all this

time is making counter-pressure upon the fundus uteri, so as to steady that organ. Should these precautions be neglected, the connections between the vagina and the uterus may be put very injuriously on the stretch, especially if the circular fibres of the os oppose much resistance to the introduction of the hand. As the tips of the fingers pass through the os, they should be gradually expanded and separated from one another, until, by sheer fatigue, they overcome the contraction of the uterine fibres, so as to allow the passage of the entire hand into the uterus. When this is accomplished, the next step is to pass up the hand sufficiently high to reach the placenta. The distance which it has to pass before this will be felt will depend very much upon the position of the placenta and the degree of contraction of the uterus. If the placenta be attached, as it usually is, to the fundus uteri, or if the uterus be in a flaccid condition, it will be necessary to pass the hand much further than when the placenta is attached lower down, or when the uterus is well contracted. I have sometimes had to pass the hand quite into the epigastric region in search of a retained placenta. As soon as the placenta is arrived at, the fingers should be spread out, taking care not to entangle them in the membranes, until the circumference has already detached, the tips of the fingers should be cautiously inserted between this portion and the inner surface of the uterus, and the placenta gradually peeled off. All this time, the right hand, externally applied, steadies the portion of the uterus from which the left hand is detaching the placenta, and enables the accoucheur to estimate the thickness of the uterine walls included between the hands, so that he can avoid digging his nails into the substance of the uterus. There is sometimes considerable danger of such an accident when the adhesions are very firm and close. There is also considerable danger of leaving portions of the placenta behind: a risk that one can readily comprehend in such cases as those described by Dr. Ramsbotham, who states: "I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs, and examining the cut edges, I could not determine the boundary line between the uterus and the placenta, so intimate a union had taken place between them." In all such difficult cases, it will be necessary to sever the adhesion by using the finger-nails with a kind of sawing motion from side to side. The tips of the fingers are placed in a line like the edge of a saw, keeping the palm towards the placenta and the knuckles towards the uterus, and the sawing motion is continued very slowly and gradually, until the entire placenta is separated and falls into the hollow of the hand. This proceeding sometimes requires a great deal of patience, and is exceedingly tiring; but the accoucheur should take his time about it, working with both hands, and

making his ground sure as he goes on, and not withdrawing his hand with the placenta until he is certain that he has brought away every part of it that can be safely separated. It is very seldom, comparatively, that the adhesions are so firm that this cannot be done. Should this, however, be the case, we have a choice of evils: either to run the risk of causing secondary hæmorrhage and septicæmia by leaving portions behind, or of causing metritis from injury to the uterus in bringing them away. For my own part, I think that the last of these two courses is the least dangerous, except in very unusual cases. I have notes of the only two instances in which it was necessary to leave any portion of the consequence behind. Fortunately, in both, the pieces were expelled on the third day, without having caused any untoward symptoms, although in one the piece expelled was as large as a hen's egg. Of course, in all such instances, the dangers of septicæmia should be guarded against as much as possible by the frequent use of vaginal injections containing Condy's or other disinfectant fluids.—*Brit. Méd. Journal.*

### ON OPIUM POISONING.

Read before the N. Y. Medical and Library Journal Association.

The paper read by Dr. Andrew H. Smith upon this subject was confined chiefly to the consideration of the effects of the drug, which shorten the life of the patient or cause solicitude to the practitioner. In some cases the symptoms of themselves are insufficient to make an absolute diagnosis, yet they are generally so distinctly marked and peculiar that, with the history, if that can be obtained, they leave but little room for error in this direction. The first effect of a drug is to produce more or less stimulation or excitement, which is followed by giddiness and a sense of oppression, and soon by extreme drowsiness. At this stage nausea and vomiting may occur. If the patient is permitted to sleep, it deepens into a profound unconsciousness, the lips and face become more or less cyanosed, the breathing becomes stertorous—in short, the patient falls into a condition indicating the advanced stages of opium poisoning. The pulse, which as first may have been bounding, now becomes slow and full, but later on small, feeble, and thready. The pupils become closely contracted and insensible to light, deglutition ceases, mucus accumulates in the air passages, and death takes place from asphyxia. Convulsions may occur, especially in children. The intellect is usually almost completely overpowered.

One of the most constant symptoms is contraction of the pupil, and this is due to the effect of the drug upon the nerve centres which govern its movements.

This symptom is of great value. The contraction is usually symmetrical, and in this respect differs from that induced by irritation of the membranes of the brain, in which case the pupil seldom contracts equally. It sometimes happens, however, that the pupil contracts unequally in opium poisoning, so this symptom should not be relied upon too absolutely in making out a diagnosis, and should not be accepted as diagnostic unless there are other symptoms to sustain it. It is to be borne in mind that in the last stage the pupils generally become widely dilated.

The respiration usually diminishes in frequency. The general opinion is that opium destroys life by interfering with this function, and it is the effect which the drug has upon the respiration that has been held as a criterion in deciding whether danger is present or not while administering opium in the treatment of disease, especially peritonitis. The rule has been established by Prof. Alonzo Clark, and has been followed by the profession in general, that the opium is to be continued until the respirations are brought down to twelve to the minute, unless the important symptoms of the case are relieved before this important point is reached; but when this point is reached in any case the remedy is to be discontinued, except in such doses as are just sufficient to hold the respiration.

It must be borne in mind, however, that this is a point of great importance, that the most dangerous narcotism may be present while respiration is going on at or near the normal rate. The fact that such cases can occur renders it absolutely necessary not to rely upon the respiration alone as a criterion to guide us in the administration of the drug.

The contraction of the pupil and the general condition of the patient should serve to place the practitioner upon his guard, although the respiration may be only slightly affected. The changes which occur in the pulse are more tardy in making their appearance than are the corresponding changes in respiration. *Post-mortem* appearances after opium poisoning are almost negative. If the opium has been taken in a liquid form there are seldom any traces of it to be found, but if taken in a solid form the opium itself may be seen. The alcohol in laudanum, if that is the preparation used, may cause some hyperæmia of the mucous membrane of the stomach. The lungs are sometimes found engorged, as well as the right side of the heart.

Extravasations of the blood in the brain are rare. There are no specific lesions left by opium poisoning.

Diagnosis of opium poisoning from *apoplexy* is sometimes difficult, especially in those cases in which the patient is found in a comatose condition, and no history can be obtained. In a large proportion of cases the two conditions may be distinguished by means of the following symptoms:

In apoplexy the pupils are rarely contracted equally; in opium poisoning almost always contracted equally. In apoplexy there is no possibility of arousing the patient, but you can usually induce reflex movements. In opium poisoning the patient can generally be aroused for a moment, but reflex movements cannot ordinarily be induced. In apoplexy, if the patient is carefully watched, and any movements occur, it will be seen that they are restricted to one side of the body; and if no movements are made, there is present a condition of relaxation affecting one side, which can generally be easily recognised.

In apoplexy the breathing is commonly stertorous, while in opium poisoning it is rarely stertorous. In apoplexy, pulsation in the carotids can be seen, while in poisoning from opium these are not observed. These are the more prominent symptoms by which the two conditions can be distinguished. In many cases the opium can be detected in the breath.

*Uræmic coma* sometimes makes its appearance without preceding dropsy, and may look like opium poisoning; but it lacks the characteristic pupil, and the urine will be found to contain albumen or casts, or both.

*Alcoholic intoxication* is a condition that must be separated from opium poisoning. In this case the pupils are not contracted, and the alcohol can generally be recognized in the breath. The drunken man, when aroused, begins to babble incoherently, while the man suffering from opium poisoning at once lapses into his sleep again. The two conditions may be associated, and then it becomes a case difficult of diagnosis. Prognosis is extremely favorable if treatment is properly employed. He had rescued one patient in whom the respirations went as low as one in two minutes. Patients have been restored who have taken five, six, and eight ounces of laudanum. While there is any sign of life, efforts at resuscitation should not be relaxed. Opium is seldom administered with felonious intent. It could scarcely be given without the knowledge of the person on account of its bitter taste, and its effects are so obvious that the fact would be at once recognized by the victim himself. A person in severe pain, or labouring under great cerebral excitement, will bear a much larger amount of the drug, than when the system is in its normal condition; but when the pain and wakefulness are overcome, the system is deprived of the protection thus afforded, and now if more of the drug is given, alarming and perhaps fatal narcosis may be induced. It is in this way that the sudden narcotism is to be explained which occasionally supervenes when only doses of ordinary size are continued that have previously been tolerated without the development of any alarming symptoms. The system has lost its power of protection and succumbs rapidly.

The treatment of opium poisoning consists in the evacuation of the stomach, the administration of such drugs as are supposed to have the power of modifying the effect of the poison, and the use of various agents to arouse the nervous system, the respiration, the circulation, and the temperature.

As emetics, mustard, alum, sulphate of zinc, and sulphate of copper may be used. Tartar emetic should never be employed, and ipecac. is too slow. When a considerable degree of nausea exists sudden pressure upon the epigastrium may induce vomiting. Emetics are apt to fail when the narcotism is extreme, and then the stomach pump may be used. In absence of this instrument a piece of ordinary india-rubber tubing may be used, after the manner of a syphon. For arousing the patient various measures may be resorted to already well known, but electricity is by far the most serviceable when a battery is at hand. The Faradic current, and perhaps very powerful, should be employed, and it may be applied to all parts of the body. The weakest current should be used that will provoke muscular contraction. Of means of restoring respiration, artificial respiration and electricity are the most important. The electricity may be applied to the phrenic nerves, an inspiration induced, and this repeated fifteen or sixteen times a minute. The negative pole always excites a stronger action than the positive, and metallic electrodes are much more efficient than sponges. By means of this agent some desperate cases have been saved when all other means have failed. It must be borne in mind, however, that muscular contraction can be exhausted by too free application of the battery, and such exhaustion must not be mistaken for symptoms of increasing narcotism. Oxygen gas is a very efficient agent. When the respiration is very slow, artificial respiration must be kept up at the same time the gas is administered, in order to get sufficient amount into the lungs to act upon the blood. It stimulates the capillary circulation and thereby aids in relieving the right side of the heart. We have no chemical antidote for opium; nor have we any complete physiological antidote, but we have two agents which may be used with great benefit. These are coffee and belladonna. It is only within the last fifteen or twenty years that any practical results have come from the use of belladonna, and regarding its influence, how it acts, when it is to be administered, and when discontinued, etc., he quoted quite extensively from the paper of Dr. Mary Putnam Jacobi, published in the *Medical Record* in the year 1873, in which she forestalled the report of a special commission appointed in Great Britain, with Dr. Hughes Bennett at its head. Attempts have been made to fix the amount of atropine sufficient to counteract the effects of the opium, but for obvious reasons this cannot be done. We must be guided by the degree of narcotism present, and can only

judge of the amount of atropine to be given by continuing it in tentative doses until the pupils begin to dilate. It is commonly used hypodermically in from 1-30th to 1-40th grain doses. The danger has not passed in a case of opium poisoning when consciousness has been restored, but the liability to relapse should make the physician watchful until reaction is fully established, and circulation restored to something near its normal steadiness and volume. But even then there is ulterior danger from consecutive pneumonia, consequently great care should be exercised and every precaution taken to prevent such a sequel. Three cases were reported which illustrated the fact that dangerous narcotism could be induced, while the respiration remained nearly of normal frequency.

In one case the respirations stood at twenty to the minute, and yet the patient was dangerously narcotized. (It was not stated whether there was any evidence of kidney disease or not in these cases).

A third case was reported in which dangerous narcotism was induced by applying a solution of morphine to a wrist-joint which was the seat of synovitis. The skin was intact. Several cases were reported in which the symptoms of danger were extreme, but the patients had been restored by resorting to the means already mentioned.—*Med. Record.*

### Medical Items and News.

**THISTLE—EXTERMINATION OF THE.** (*Popular Science Monthly*) The Berlin correspondent of *Land an. Water* publishes a piece of information that will be welcome to many a farmer. "Who ever knew" says he, "of two plants being so inimical to one another, as one to kill the other by a mere touch? This, however, seems to be the case when rape grows near the thistle. If a field is infested by thistles, give it a turn of rapeseed, and this plant will altogether starve, suffocate, and chill the thistle out of existence. A trial was being made with different varieties of rapeseed in square plots, when it was found that the whole ground was full of thistles, and nobody believed in the rape having a fair run. But it had, and as it grew the thistle vanished, faded, turned grey, and dried up as soon as the rape-leaves began to touch it. Other trials were then made in flower-pots and garden-beds, and the thistle had to give in, and was altogether annihilated, whether old and fully developed, or young and tender."

**DIARRHŒ MIXTURE.**—R. Olei ricini, gtt. xxiv.; sp. chloroform, ʒiiss.; sol. morphinæ mur., ʒi.; pul. gum. acaciæ, ʒiiss.; aquæ, ad ʒiv.—M. A dessertspoonful every hour and a half until the bowels are quieted.

**TOTAL ABSTINENCE.**—At the recent annual festival of the Lancashire and Chesire Band of Hope Union, Sir Henry Thompson, who spoke at length, declared his belief in the principles held by those who formed that gathering. He considered that habitual, or, as it was usually called, moderate drinking, was a thing which people should avoid, if they wished to have a sound mind in a sound body. It is a somewhat remarkable fact, that many of the most hard-worked professional men in London are habitual abstainers from alcohol and have been so for many years, on the basis of personal experience, and from the fact that they have found the use of alcohol to interfere with their physical health and mental activity.—*British Medical Journal.*

**DIPHTHERIA.**—Dr. J. Lewis Smith (*N. Y. Medical Record*) says: The local treatment consists in the application to the fauces, every three hours, of the following, which has given me better satisfaction than any other medicine for local treatment which I have employed: R. Acidi carbolic, gtt. v.; liq. ferri subsulphat, ʒ ij.; glycerin, ʒ i. M. The brush was employed in preference to the probang, as it is painful, and where there is a pseudo-membrane does not produce hemorrhage by the detachment.—*Southern Med. Record.*

**AN ANTIDOTE TO CHLOROFORM.**—Dr. Schuller has discovered that the nitrite of amyl quickly removes the effects of chloroform on the vessels of the pia mater, and that even in cases of advanced narcotism from the latter drug it rapidly relieves the dyspnoea and labored respiration, restoring the strength of the pulse, and the reflex excitability. This discovery may prove of much practical value where chloroform continues to be the favorite anæsthetic.—*New York Medical Journal, February, 1875.*—*Southern Med. Record.*

**PROFESSOR ZEISSL**, of Vienna, is credited with the remark: "Some think, when a patient has for some time enjoyed immunity from manifestations of syphilis, that he is cured. But I tell you, gentlemen, that if a man contract syphilis, he will die syphilitic, and at the day of judgment his ghost will have syphilis."

**INCONTINENCE OF URINE.** If they blister the child's sacrum, put it on tinct. of iron and belladonna, and gave no salt in its food, they would have very few cases of incontinence of urine.—T. M. MADDEN, *Dublin Journal Medical Science.*

**SECONDARY SYPHILIS.**—R.—Hydrarg. bichlor. grs. ij; Pot. Iodidi. grs. xl; Syr. Surzæ co. ʒj; aquæ ad. ʒviiij. Sig.—A tablespoonful three times a-day.

# 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.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John N.B.; J. M. BALDWIN, 305 Broadway, New York, and BALLIÈRE TINDALL & COX, 20 King William street, Strand, London, England

TORONTO, SEPT. 1, 1875.

## DAVIS ABORTION CASE

Endorsing heartily all that has been written by the several editors of city and country newspapers on this atrocious crime, we cannot, nevertheless, refrain from remarking that by the constant insertion of advertisements of an unmistakable character in their columns, these same editors are not very remotely answerable for the spread of a crime that we have too good reason to believe has long been disgracing our land, seduction, unfortunately not being the only incentive to it, but poverty, ill-health, and love of fashionable life being also occasionally found among the influences impelling to it. It would, of course, be difficult if not impossible to collect statistics of a crime so vigilantly enshrouded. The appalling assertion, however, has been made by medical men in the United States, that two-thirds of the number of conceptions in the New England States are destroyed criminally, and that in a few years Americans *pur sang* left on American soil will be a very small minority. Admitting this to be a possible exaggeration, the fact remains that it is only among the foreign population, that the births are in excess—see Dr. Storer on "Decrease of Population." We have not yet in Canada the overflowing population that would probably lead to this form of constructive murder from any other cause than seduction, but from that alone the frequency of the crime imperatively calls for government attention to it, with the view of endeavouring to place on the Statute Book some greater check than now exists against this foul crime of the 19th century—child murder. Whilst, however, we would wish to see the severest punishment visited on the guilty abortionist, we cannot forget that the mother—with but very

rare exceptions, where it is committed without her will—is the chief criminal, either herself soliciting the performance of the criminal act, or submitting willingly to the influences of the seducer, that it should be performed. In the "eternal fitness of things," we submit therefore, that both mother and seducer or instigator should be held equally amenable to the law with the abortionist, and imprisonment for life should be inflicted or even death punishment, if that should be considered more likely to prevent a violation of both Divine and human law. The detection of the principals, and accessories before, to, and after the fact, would under such severe punishment be certainly difficult, but by adding to the present registration of deaths a registration of miscarriages, with full particulars of antecedent, attendant, and subsequent circumstances of each case, the first step in the right direction would be taken. The second would be a law prohibiting the publication of advertisements in newspapers, covertly or openly pointing to the accessible means for procuring abortion. The third would be the prohibition of sale by druggists of any drug, secret preparation or instruments which may be used for the promotion of abortion or premature labour. The fourth should be death punishment, when the offence has been committed at the end of six months of utero-gestation the fœtus being then considered viable, separate from uterine connexion. To disabuse the public mind of the fallacies concerning drug action alone for the removal of a conception, medical men should whenever an opportunity offers, make it known that abortives cannot act as efficient causes without the aid of predisposing ones necessary to concur with them. That all of them are uncertain in their operation on the fœtus. That they always endanger the life of the mother, and sometimes destroy the mother without affecting the fœtus.

The leading journals of the English metropolis rarely insert the most objectionable advertisements of pestilent and dangerous quacks, calculated to take advantage of human weakness, and foster the spread of heinous crimes.

It would be well if the managers of Canadian newspapers would in the future refuse to admit into their advertising columns such open incentives to vice as the so called Dr. Davis, and others of his kind, have in their announcements in Toronto and country newspapers displayed. Medical men

are peculiarly fitted for forming an accurate judgment of the fatal effects of empiricism in all its varied shapes, and of suggesting methods for its suppression, they are therefore morally bound to express openly their opinions, and to expose to the utmost of their power, the nature and extent of the evil. "The press," says Mr. Grant, "has before it one of the most glorious missions in which human agencies were ever employed. Its mission is to enlighten, civilize, and transform the world." For the accomplishment of this mission it is quite evident that one of the first steps will be the suppression of the abominable announcements of the quack, and thus keep its own morality above suspicion.

#### PROSECUTIONS UNDER THE ONTARIO MEDICAL ACT.

There have been several prosecutions under the Medical Act in this city, within the past month. Three most noted quacks have been brought up, charged with practising medicine without license. One was fined \$50 and costs; the second was dismissed because Dr. Miller, the public prosecutor, could not prove that the accused had taken a fee for the services rendered, and in the third case, judgment was reserved until the 30th ult.

It is quite time after what has occurred in our midst during the past month, we refer, of course, to the Davis abortion case, to weed out from our midst all who are unlicensed and unqualified to practice medicine, and those who have been actively concerned in doing so deserve the thanks of the community, although it is very doubtful if after all they will receive any. It is very much to be regretted that an influential journal like the *Globe* should be found on the side of the illiterate quack, ready to throw dirt at any member of the regular profession who has the boldness to come forward at a most opportune season, to rid the community of men who are not known to possess any of the qualifications necessary to deal with human life. The city and surrounding country has been startled by the committal of two cases of abortion and murder, which for cold-blooded brutality has probably never been equalled; and the Medical Council true to its duty, has come forward to prevent such occurrences by driving

from the country that class from which abortionists are recruited. But the *Globe* says they should not be interfered with, and opens its columns to correspondents to deal out the most virulent abuse upon those who set the law in motion against these men. But for the attitude of the *Globe*, Davis would have been driven from the city long ago, for it was well known that if he or any of his class had been interfered with, the *Globe* would have denounced the Council and endeavoured to create an unfavourable impression regarding it throughout the country. We cannot believe as has been suggested in some quarters that the *Globe* is in the pay of these men or that they are defended because they are good advertising patrons, although there is no doubt they all do a considerable amount of advertising. Still we are at a loss to account for the action of the *Globe* and though not surprised we deeply regret the course it has seen fit to take in reference to this matter.

#### THE THERAPEUTICS OF DOGBANE.

From some experimental trials we are induced to bring to the notice of our readers certain valuable medicinal properties possessed by the spreading dog's-bane, the *Apocynum androsæmifolium* of botanists. The root of this plant has been in repute amongst Eclectic practitioners for the treatment of dropsies; but it is with respect to its value in the treatment of atonic dyspepsia that we find it of service and likely to prove a useful agent.

There are two indigenous plants of the dog's-bane family which have been employed in medicine—the one commonly known as Indian hemp, *apocynum cannabinum*; the other known as Indian physic, or more properly the spreading dog's-bane. This latter is the *Apocynum androsæmifolium*, an elegant shrub-like plant, woody at the base only, found in old fence corners, from three to five feet high, and flowering in June, July and the early part of August. It bears spreading cymes of delicate rose-colored, bell-shaped flowers. The fresh plant on being wounded exudes an acrid milky juice. The root, which is the part used is small in diameter, long and spreading. To the taste the root is intensely bitter.

The medicinal action of the plant varies according to the dose. In small doses of ten grains it is

tonic to the stomach, and laxative ; in larger doses it proves an irritant emetic and cathartic. Its stimulant action on the intestinal canal constitutes its great value in the treatment of certain forms of dyspepsia. The bitter principle of this plant is reputed to contain the alkaloid strychnia ; and its action on the alimentary canal is not unlike the tonic action of *nux vomica*, the place of which it might be made to take, in the treatment of dyspepsia and torpidity of the bowels.

This contribution, however, is meant to be simply suggestive. Our trials of the remedy have been interesting and encouraging, but they have been of too limited a character to do more than to satisfy us that we have here a native plant the virtues of which are not sufficiently appreciated. No doubt there are many other indigenous plants remaining in unmerited obscurity. We should be glad if any of our readers who have had experience of the spreading dogs-bane will give us their estimation of its curative properties in the various diseases to which it is applicable.

ANOTHER DIPLOMA-SELLING UNIVERSITY.—The Livingstone University of America, incorporated by the State of West Virginia, publicly advertises the sale of diplomas; as may be seen from the following special notice which we clip from the *Electric Medical Journal*, of Pennsylvania:—"Special Notice.—For the purpose of erecting buildings in Charleston, West Va., and in the vicinity of Haddonfield, N. J., one thousand certificates of membership will be sold for \$50 each, to well qualified physicians, eminent clergymen, dentists, teachers, authors, scientists, and other professional gentlemen, *with this certificate the Diploma of the University will be awarded free.* Applicants for certificates and diplomas must send proper testimonials of their professional standing. For additional particulars, address, &c. &c. The Arts Department of the above University is located in Haddonfield, N. J. The Medical and Dental Department in Philadelphia, and the Theological Department in Charleston, Va. It is to be hoped, however, that the State Government will immediately put a stop to such bare-faced proceedings by cancelling the charter of this University.

DR. GROSS'S METHOD OF CUTTING STRICTURES.—A communication in the *Nashville Journal of Medicine and Surgery* gives an interesting account of the practice of Dr. Samuel W. Gross, of Philadelphia, in slitting strictures by means of his newly invented urethrotome, an instrument which is described as possessing the great recommendation of simplicity. It is modelled on the plan of the French bougie-a-boule, an instrument invaluable in the accurate diagnosis of even the smallest strictures, from the fact of the resistance offered by the stricture on being withdrawn from the urethra. "He conceived the idea," says the correspondent, "that if only a blade was fixed immediately behind the shoulder which always hitched up against the constriction on being withdrawn, a stricture could be easily and safely divided. The instrument as now manufactured by Gemrig is a straight tube about ten inches in length, terminating in the acorn-shaped expansion of the bougie-a-boule, and having a concealed blade just behind the shoulder, which on pushing a spring juts out a little more than the circumference of the bulb, and invariably cuts in the right place and at the right time. Indeed a *faux pas* in an operation with this instrument could hardly be made. The doctor has operated with it a number of times, and always with the most gratifying success.

MATRICULANTS IN MEDICINE.—The following gentlemen successfully passed their Matriculation examination in July last:—V. T. Atkinson, Nelson; J. W. Good, Palmerston; M. Thuresson, St. Catharines; F. B. Lundy, Galt; E. Prouse, Little Britain; H. C. Van Norman, Brantford; J. W. Ross, Toronto; S. A. Bosanko, Gravenhurst; G. McCullough, St. Marys; L. S. Munro, Fergus; W. Cornell, Arkona; J. Pudhope, Orillia; J. D. Cook, Paris; S. A. Cornell, Arkona; W. Cross, Craigvale; J. W. Rae, Little Britain.

SEA-SICKNESS.—Nitrate of Amyl is the latest remedy for the above affection. It is administered rapidly in three drop doses by inhalation, after the first vomiting has subsided a little. It is said never to fail.

COLLEGE OF SURGEONS, ENGLAND.—Sir James Paget, F.R.S., has been elected President of the Royal College of Surgeons, of England.



A LITTLE LATIN AND LESS GREEK. — Dr. Gross having stated that the coming American medical student must have a fair knowledge of Latin and Greek, thereupon the *American Practitioner* observes that if the requirement is insisted on "there will be howling among the professional corps from one end of the land to the other; and if it was made applicable to the teacher as well as to the taught, more than half the chairs in the schools would be emptied." A statement which is eminently suggestive of the great difficulties which the bulk of American medical men and students have to encounter in mastering the scientific terminology of medicine.

MEDICAL CONFERENCE.—At the meeting of the Canadian Medical Association, the following gentlemen were appointed as a Committee of Conference to meet at Saratoga, in September, the date to be named by Dr. Gross, of Philadelphia, Chairman of a similar committee of the American Medical Association: Drs. Grant, Hingston, Hodder, Parker, Thorburn, Botsford, David, Fulton, F. W. Campbell, Atherton, Farrell, Howard, and Robillard.

A GOOD OPENING.—We would call attention to the advertisement in another column offering for sale an established practice with an interest in a drug business. Having a personal knowledge of the advertiser, and the town in which he resides, we have no doubt an opportunity is here offered which seldom occurs. A gentleman adapted to a town practice, having a few hundred dollars at his command, will find this, we feel convinced, a really good opening.

APPOINTMENTS.—J. Byron Moran, Esq., M.D., of Roslin, Associate Coroner for the County of Hastings. H. H. Wright, M. D., Toronto, has been appointed on the consulting staff of the Toronto General Hospital. Dr. Steves, of St. John, has been appointed Medical Superintendent of the Provincial Insane Asylum, New Brunswick.

APPOINTMENT.—The following gentlemen, members of the Faculty of Trinity College Medical School, have been appointed on the acting staff of the Toronto General Hospital: Drs. J. Fulton, J. E. Kennedy, J. A. Temple and A. J. Johnston.

PARTNERSHIP.—Partnership wanted in a large town or city practice, by one lately from England. British qualifications, &c. Address LANCET Office.

ELIXIR FERRI ET CALCIS PHOS. CO.—The combination of Elixir Ferri et Calcis Phos. Co., to which we made reference in our last issue, giving it our unqualified recommendation, is prepared by Dr. T. B. Wheeler, of Montreal.

Several articles have been unavoidably crowded out to make room for the Report of the Canadian Medical Association. A reply to Dr. Clark's letter will appear in our next.

### Reports of Societies.

#### CANADIAN MEDICAL ASSOCIATION.

##### *First Day's Proceedings.*

The eighth annual meeting of the Canadian Medical Association took place in Halifax, N.S., on Wednesday, the 4th of August.

The chair was taken by the President, Dr. Botsford, of St. John. There were present besides Dr. Botsford; Drs. Tupper, Thorburn, Hodder, Walker, White, Robillard, Muir, Munroe, Ryan, Hamilton, Rosebrugh, Harding, Atherton, DeWolf, Lawson, Fleming, Jennings, Farrell, Johnston, Peppard, Burgess, Moren, Campbell, McMillan, Hingston, David, Gordon, Oldright, Christie, Fulton, Dawson, Kerr, Sanford, Clay, R. S. Black, J. F. Black, Parker and others.

Dr. Pineo, of the United States Marine Service, Dr. Tyler, the representative of the Massachusetts Medical Society, and Dr. Warner, of Boston, as delegate from the American Medical Association, were introduced to the meeting. They were cordially received and made a few remarks. The minutes of the last meeting were read and confirmed. Drs. Baxter and Sharpe, of Moncton, N. B.; Fleming, of Sackville, N.B.; Kerr, of Londonderry; Burgess, of Cheverie; Peppard, of Great Village; and Lawson, Woodill, Campbell, Walsh, Clay, and Dodge, of Halifax, were elected members of the Association.

Letters were read from Professor Gross, (Philadelphia,) Marsden and Trenholme, (Montreal,) expressing regret for their inability to be present. A communication from the Medical Association of the United States informing the Association of

the appointment of thirteen delegates to confer with a committee from the Canadian Association and suggesting that the Conference take place at Saratoga in September, was received.

Reports of Committees on Medicine, Surgery, Obstetrics and Necrology were called for, but were not forthcoming.

Dr. Hodder, of Toronto, made a few remarks on medical education. He thought the system of education in Ontario was excellent, and, if it were possible, that one standard and system should be adopted throughout the Dominion. He would like to have the matter referred to a committee from all parts of the Dominion. The duty of this Society was to elevate the standard of the medical profession in order to put down quacks and other illegal practitioners.

Dr. Oldright, of Toronto, said he thought that students should be examined yearly, and that practical work should be added to the examinations.

Dr. Pineo presented four volumes of reports of the U. S. Marine Hospital to the Association, and the thanks of the meeting were tendered to him for the same.

The President then delivered his annual address which will be found in another column.

Dr. Tupper moved a vote of thanks to Dr. Botsford for his address, and heartily seconded the suggestion in regard to the importance of vital statistics. Dr. Hodder seconded Dr. Tupper's motion. He thought the matter of vital statistics should be undertaken entirely by the Government.

Drs. Tupper, Parker, Wickwire, Robillard, Thorburn, Hingston, Harding and Oldright were appointed a committee to nominate officers.

#### *Afternoon Session.*

The meeting was called to order at half-past 2 p.m.

Several wax specimens, representing exanthematous diseases were exhibited by Dr. Black, of Halifax.

Dr. Botsford then read a paper on "The Climatology of New Brunswick and its relation to disease," and also one on "Sanitary Science," by Dr. Larocque, of Montreal.

Dr. Parker moved that a committee be appointed to request the Dominion Government to take up the whole subject of vital statistics. Referring to the drainage of houses, he said he was perfectly satisfied that many cases of typhoid fever had resulted from this source.

Dr. Hingston, referring to climatology and vital statistics, suggested that a medical man from each of the larger cities should be appointed to draw up a memorial for the Government. He thought that compulsory vaccination could not be carried out.

Dr. Oldright read a paper on "The Ventilation of Drains," which elicited a discussion in which Drs. Farrell, Pineo, Walsh, Jennings, Christie, Hamilton, Tyler and Warner took part.

Dr. Farrell then read a paper on "Surgical Cleanliness," which was discussed by Drs. Parker, Jennings, Atherton, Christie, and others. Dr. Farrell in his paper thought that Dr. Lister's dressings of carbolic acid were only second to cleanliness. Dr. Hodder agreed with Dr. Farrell. Dr. Hingston thought that some surgeons whilst paying too much attention to carbolic acid might pass by the matter of cleanliness. Drs. Oldright and Fulton also spoke and moved a vote of thanks to Dr. Farrell for his short and pithy paper.

In the evening a paper was read by Dr. Dodge on "Some cases of eye disease," which was discussed by Drs. Hingston, Jennings, and others.

Dr. Gordon then read a paper forwarded by Dr. Bent, of Truro, treating of a case of "bent knee," resulting from contraction of muscles.

Dr. Rosebrugh read a paper on "Some of the more common diseases of the eye, met with in private practice." Remarks were made by Dr. Jennings, Hingston, Dodge, and Farrell.

#### *Second Day's Proceedings.*

After the transaction of routine work, Dr. Tupper, Chairman of the Committee on nominations, recommended the following gentlemen as officers of the Association and committee for the ensuing year, which was adopted.

President—	Dr. Hodder,	
General Secretary—	Dr. David, re-elected.	
Treasurer—	Dr Robillard, re-elected.	
Vice-President for Ontario—	Dr. Thorburn.	
" "	Quebec	Dr. Hingston.
" "	N. S.	Dr. Jennings.
" "	N. B.	Dr. Earle.
Local Sec. for Ontario—	Dr. Zimmerman.	
" "	Quebec	Dr. Roy.
" "	N. S.	Dr. Gordon.
" "	N. B.	Dr. McLaren.

COMMITTEE ON PUBLICATION.—Drs. David, Robillard, Fenwick, Peltier and Campbell.

COMMITTEE ON MEDICINE.—Drs. Wright, Howard and McDonald.

COMMITTEE ON SURGERY.—Drs. Campbell, Oldright and Malloch.

It was decided that the next meeting of the Association be held in Toronto on the first Wednesday in August, 1876.

The President and officers of the Association were appointed a delegation to attend the meeting of the American Medical Association, and the local Vice-Presidents and Secretaries have the power of appointing additional delegates from their respective Provinces.

Dr. Hodder of Toronto, moved, and Dr. Fulton seconded, that a committee of two members of the Association in each Province, together with the local secretary for each Province, be appointed by the Association for suggesting a universal code of

medical education for the Dominion, to consist of the following gentlemen:—Nova Scotia, Drs. Parker and Farrell; New Brunswick, Drs. Botsford and Steves; Quebec, Drs. Hingston and David; Ontario, Drs. Thorburn and Temple.

Dr. A. T. Reid read a paper styled "Clinical Observations," in which Drs. Christie, Thorburn, Walsh, Atherton, Hingston, Muir, Earle, Parker, Oldright and Dawson took part.

Votes of thanks were passed to the various railroad and steamship companies, after which the Association went on an excursion around the harbor and visited the admiral ship "Bellerophon." The party then went to the Asylum at Dartmouth, where they were entertained at dinner by Dr. De Wolf, the Medical Superintendent.

In the evening a ball was given in honor of the occasion by Dr. W. J. Almon at his residence in Hollis St., to which a large number of the members were invited. On the following evening a concert was given in the Public Gardens, to which they were also invited. The meeting was upon the whole a very pleasant and profitable one, and was more largely attended than usual.

NORTH RIDING OF BRUCE MEDICAL ASSOCIATION.

The first meeting of the above Society was held in Paisley, on Monday, August 16th; Dr. Scott, of Southampton, in the chair; Dr. Mackay, of Underwood, Secretary.

Present:—Drs. Sinclair, Port Elgin; Scott, Southampton; Douglass, Port Elgin; Paterson, Tiverton; Washington, Tara; McLaren, Paisley; Mackay, Underwood; Reilly, Paisley; Cook, Chesley and Baird, Paisley.

OFFICERS ELECTED.—President, Dr. Scott; 1st Vice-President, Dr. Douglass; 2nd Vice-President, Dr. McLaren; Secretary, Dr. Reilly; Treasurer, Dr. Cook.

After some discussion, the following Tariff of Fees was adopted:

Advice in Office .....	\$ 0 50
"    with medicine .....	1 00
Day visits in village .....	1 00
Other visits during the day .....	50
Night visits in village .....	1 50
Day visits in country, 1st mile .....	1 00
Each additional mile .....	50
Consultation visits—mileage extra .....	3 00
Medical certificates .....	5 00
Unusual detention (over one hour) per hour .....	50
Stethoscopic examination of chest .....	1 00
Vaccination .....	50
Additional vaccination (same family) .....	25
Administration of anæsthetic .....	2 00

*Surgery.*

Reduction of hernia by taxis .....	10 00
"    "    operation .....	30 00
Lithotomy .....	25 00
Amputation of thigh .....	35 00
"    humerus and lower extremity .....	20 00
Removal of large tumor .....	10 00
"    small tumors, excision of tonsils, amputation of fingers, cutting for fistulas, tapping, &c. ....	5 00
Removal of cancer of breast .....	25 00
Introduction of catheter, probang or bougie .....	2 00
Subsequent introductions .....	1 00
Fracture of thigh (adult) .....	10 00
"    (child) .....	6 00
Fracture of leg .....	10 00
"    upper extremity .....	8 00
Reduction of dislocation of the hip .....	15 00
"    "    knee .....	10 00
"    "    ankle .....	5 00
"    "    shoulder .....	5 00
"    "    elbow .....	5 00
"    "    wrist .....	5 00
"    "    finger .....	1 00
Opening abscess .....	50
Applying cups and setons .....	1 00
Attendance in surgical cases extra .....	

*Obstetrics.*

Ordinary cases .....	5 00
If over five miles, mileage extra .....	
Instrumental cases .....	10 00
Detention over eight hours, per hour .....	50

Fifty copies of the above Tariff of Fees were ordered to be printed.

A committee on Ethics was appointed. After a very pleasant meeting, a hearty vote of thanks was tendered to Dr. Scott, for his efforts in the organization of the Society, to which that gentleman made a suitable response.

The Society adjourned, to meet at Port Elgin, on call of the President.

MEDICAL ASSOCIATION OF SIMCOE.

At the annual meeting of the Medical Association of Simcoe, a resolution was passed "earnestly protesting against recent changes in the curriculum of studies, by which the time required of the medical student is altered." The following gentlemen were elected officers for the ensuing year:—Dr. Hamilton (Barrie), President; Dr. Lund (Churchhill), 1st Vice-President; Dr. Blackstock (Hillsdale), 2nd Vice-President; Dr. Ramsay (Orillia), Secretary; Dr. McCarthy (Barrie), Treasurer. The Executive Committee—Drs. Ed. Morton, Aylsworth, Wells, Callaghan, Hanley, Bell, Nicol, Ruthford and Madill.

## NOVA SCOTIA MEDICAL SOCIETY.

The annual meeting of this Society took place in Halifax, on Tuesday, the 3rd of August. The following gentlemen were present: Drs. Page, Reid, Peppard, Woodill, Burgess, Campbell, Heuston, Hamilton, Walsh, Sanford, Bent, Wier, Black, Sr., Black, Jr., Farrell, Somers, T. R. Almon, Fraser, Cowie, W. J. Almon, Gordon, Lawson, Wickwire, McMillan, Parker, Slayter, Muir, Dodge. The President, Dr. Page of Truro, having taken the chair, the minutes of the last meeting were read and confirmed. Several letters were then read, including one from Dr. Hiltz, Chester, relating to the improper working of the Medical Act, allowing unqualified medical men to practice in the country. It was moved by Dr. Parker and seconded by Dr. Peppard, that Dr. Hiltz's letter be transferred to the Secretary of the Medical Board. The motion was passed. The President was then called upon for an address.

The following is an extract which we clip from the *Citizen* :—

In looking back for comfort I see enough to beget large hope for the future, and my imagination, not by any means a brilliant one, pictures many beautiful and desirable things that are to grow out of the efforts that are being put forth to-day by the members of our profession in behalf of education and benevolence. And among other pictures I have sketched a beau ideal of the medical student of not many years hence, or rather the young graduate.

He must be a gentleman born and bred. He must be a Bachelor, if not Master, of Arts. He must be a thorough Chemist, and Zoologist, and Botanist, in fact a walking Encyclopaedia of science.

He must read and converse in all languages, in German and French, and understand well the use and capabilities of the microscope, while a knowledge of the photographer's art will often prove very useful. He must understand all sanitary science, including drainage and ventilation. He must know no sect, party or creed. He must be religious without being sectarian, patriotic without being a partisan. He must be as abstemious as a Methodist parson or a Good Templar, and as good a judge of wine as a Bishop. He must be as sympathetic as a nursing mother and as cruel as cold steel. He must combine the boldness of a lion with the soft and tender touch of a lady. And when endowed with all these and a hundred other qualifications too numerous to mention, he sets out in his life work. If he comes to the country, I may take the liberty of suggesting to

him that he will require a sound body with a sound mind, but if he can't have both be sure and bring the sound body. He must have no fear of toil or tempest—no fear of contagion—no fear of poverty. He must be a member of the Y. M. C. A., and the nearest Agricultural Society. He must be able to lecture on temperance, and make funny tea-meeting and pic-nic speeches. He must know enough law to know how to write a will, and enough of medicine to know when the will ought to be written. He may feed often on the fat of the land, but must be happy and content after, with a boiled herring and sour bread. He will often sleep soundly in the best bed, but just as often he will find the best bed occupied by too lively a company, in addition to himself, to make sleep just as refreshing as nature designed it should be. To enumerate all his trials and annoyances, would be as unwise as it would be impossible to classify or portray pleasures and joys which, under the most unfavorable circumstances, always far exceed his sorrows and pains. His rewards are not the rewards of merchants, lawyers, or statesmen, they are not at all of this world and just what they will be in the next, I cannot tell you. Here my lamp went out just as I was about to commence a sketch of another medical man of the female persuasion.

The reading of papers was deferred until the meeting of the Dominion Medical Association which was to take place the next day. On motion of Dr. Farrell, Dr. Hamilton, Cowie, Peppard, Woodill, and Sanford were appointed a committee to nominate officers for the ensuing year. The committee on coroner's fees, etc., through Dr. Farrell, reported that nothing had been done. The report gave rise to a lengthy discussion.

Dr. Gordon expressed himself very strongly on the necessity for some alterations in the law relating to Coroners. Dr. Almon also expressed himself very emphatically on the subject of coroners' inquests. In many cases the coroner's inquest was utter nonsense, and the money spent on the proceedings was often wasted. Dr. Page said that he had often been called ten miles to give evidence on an inquest, for which the fee was fifty cents. The discussion ended in the determination to re-appoint the committee to examine into the whole subject and report as soon as possible.

Drs. Kerr (Londonderry), Wier (Shubenacadie), and D. A. Campbell (Halifax), were then elected members of the Society, and the meeting adjourned.

At the evening session a committee, consisting of Drs. Gordon, Somers, Black, Parker and Almon, was appointed to confer with the medical societies of New Brunswick and Prince Edward's Island regarding the establishment of a Maritime Provinces Medical Association. The following were elected officers for the ensuing year :—

President—Dr. Shaw, Kentville; Vice-Presidents

—Drs. Cowie and Lewis Johnson ; Secretary—Dr. Somers ; Treasurer—Dr. Lawson. Drs. Page of Truro ; Fraser, of Windsor ; and Parker and Cowie, of Halifax, were elected members of the Provincial Medical Board. It was decided to meet next year at New Glasgow.

### Books and Pamphlets.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE, Vol. III., edited by Dr. H. Von Ziemssen, of Munich; New York, Wm. Wood & Co.

The third volume of Ziemssen's Cyclopaedia of Practice of Medicine is devoted to Chronic Infectious Diseases containing exhaustion treatises by Baumler on "Syphilis," "Infection by animal poison," by Bollinger, and "Diseases from Migratory Parasites, by," Heller. Before passing on to notice the general features and contents of the volume, we must in justice advert to the praiseworthy manner in which the translators have fulfilled their office, and also highly commend the publisher for the splendid type and finished execution. Professor Baumler devotes a number of pages to the history of syphilis, as a separate and distinct disease from the year 1490, commencing with the earliest description of the disease by Marcellus Cumanus, a Venetian army surgeon ; and in lieu of endorsing the opinion that Syphilis was first introduced into Europe after the first return of Columbus from America, considers it in the highest degree probable that not only local affections of the most varied description, due to unclean sexual connexion, but also syphilis existed even in antiquity, both in the East and in Europe, but not recognized as a special form of disease, until the close of the fifteenth century. The author then proceeds to make minute investigation into the general features of the disease, stages, general pathology, etiology, hereditary transmission—doctrines of unity and duality, primary infection and general constitutional effects ; diagnosis, prognosis, prophylaxis, treatment, and lastly, syphilization. In addition to all this sterling practical matter we have the charm of varied and lively illustration, historical as well as medical. Every division of the subject exhibits the great research that the Germans are so justly famed for, original and comprehensive views and an extensive acquaintance with physiology, and all the known resources of the healing art. Professor Bollinger's treatise on "Infection by Animal Poisons," discourses on the diseases communicable from animals to man *e. g.* glanders, malignant pustule, hydrophobia also on another less formidable affection, foot and mouth disease which not un-

frequently gives rise in man to a specific disorder. Another class of parasitic diseases, trichina and tape-worm, have likewise been shown to have exclusive origin in our domestic animals. He treats also of those diseases produced by the specific physiological virus of certain animals, reptiles and insects, shewing conclusively that while man evinces a strong affinity for animal poisons, the susceptibility of animals to contagion of human origin is slight. It would occupy us too long to enter on a critical examination of this portion of the work, and we must content ourselves with saying that it bears sufficient evidence of the learning and acquirements of Professor Bollinger. In medicine there is no standard to which all disputable points are referable. Those who clamor incessantly for "principles" really understand by principles their own opinions, and a reference to the wisdom of our ancestors, is only a convenient mode of wrapping up laziness in prejudice. In England, Travers in 1827, and Elliotson in 1833, published a description of glanders as it affects the human subject. Professor Heller's treatise is on "Migratory Parasites," "Echinococcus Cysticercus Cellulose," and "Trichina." The work is exhaustive and highly interesting.

### Death.

In Clinton, on the 5th inst., Henry William Cole, M.D., aged 58 years.

Dr. Cole graduated in medicine in Trinity College, Dublin, in 1840, and commenced practice in that city, where his talents and application secured him rapid advancement in his profession. Five years afterwards, he was appointed one of the Masters and Lecturers in the Coombe Hospital. In 1856 he emigrated to Canada and settled in the Township of Stanley, near Bayfield. A few years afterwards he removed to the Huron road, and finally settled in Clinton, where he has practiced with success for many years. He was at one time Reeve of the Township of Stanley ; but he was not ambitious of public position, except of a professional nature. He was President of the County Medical Association, and Vice-President of the Territorial Division Association of Malahide and Tecumseh, and was appointed examiner on midwifery by the Council of the College of Physicians and Surgeons of Ontario. His unflinching kindness and genial courtesy won for him the personal regard and good will of all with whom he came in contact, and his loss is looked upon by the people among whom he labored as a public misfortune.

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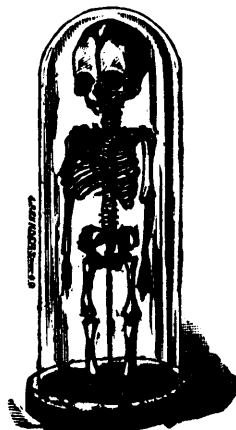
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EDWARD G. JANEWAY, M.D.,  
Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

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Prof. of General, Descriptive and Surgical Anatomy.

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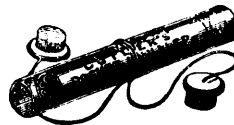
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*Ninety-Second Annual Announcement, 1875-76.*

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 GEORGE H. F. MARKOE, Instructor in Materia Medica.  
 WILLIAM L. RICHARDSON, Instructor in Obstetrics.  
 J. ORNE GREEN, M.D., and CLARENCE J. BLAKE, M.D., on Otology.  
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 CHARLES P. PUTNAM, M.D., Lecturer on Diseases of Children.  
 JAMES J. PUTNAM, M.D., on Diseases of the Nervous System.

**T**HE plan of Study was radically changed in 1871.\* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 30, 1875, and ends on the last Wednesday in June, 1876; it is divided into two equal terms, with a recess of one week between them. Either of these two terms 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.

Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

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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 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

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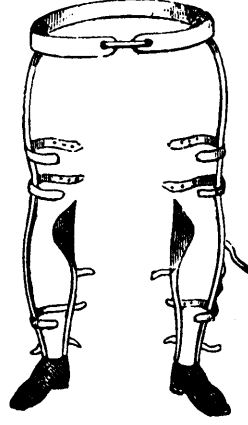
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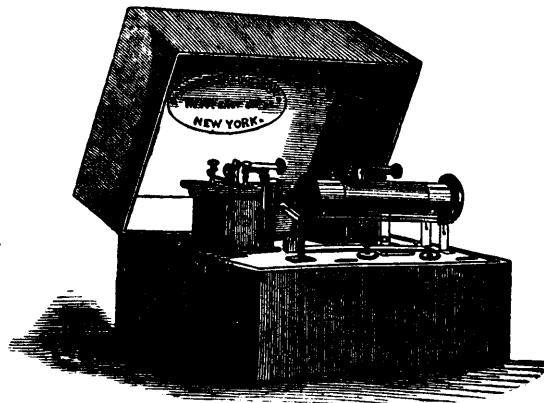
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**THE COLLEGIATE YEAR** is divided into two Sessions—a regular Winter Session, and a Spring Session. The latter is auxiliary to the former, and the design of the Faculty is to furnish instruction to medical students throughout the year. Attendance on the regular Winter Session is all that is demanded of the candidates for graduation. Those who attend the other session receive a CERTIFICATE OF HONOR, as having pursued voluntarily a fuller course than usual.

**THE SPRING SESSION** is principally of a practical and clinical character, and affords particular facilities to students who have already taken one course in schools where such practical advantages exist to a less extent. The course consists also partly of lectures and examinations on the subjects necessary for graduating in medicine, conducted by the Professors of the regular Faculty and their assistants. These examinations will be addressed to both first and second course students. For the purpose of making the visits to the wards of the Hospital as available as possible, the class is divided into sections. One division at a time is instructed in Practice, Diagnosis, Prescription, and Treatment of Patients. The course begins early in March, and continues till the middle of May, when the SUMMER COMMENCEMENT is held. During the Summer the College Clinics are kept open.

**THE PRELIMINARY WINTER SESSION** commences September 15, 1875, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

**THE REGULAR WINTER SESSION** occupies four and a half months—commencing on September 20th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

**THE POST GRADUATE COURSE** is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held both in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is \$30.

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Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets. For the purpose of assisting meritorious individuals, the Faculty will receive a few beneficiaries, each of whom will be required to pay \$43 per annum and the Matriculation Fee.

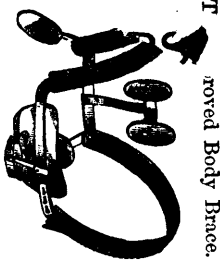
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# The Banning Truss and Brace Co.

New York.

Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 5 in supporting the bowels, spine or chest.



Improved Body Brace.

Abdominal and Spinal Shoulder and Lung Brace.

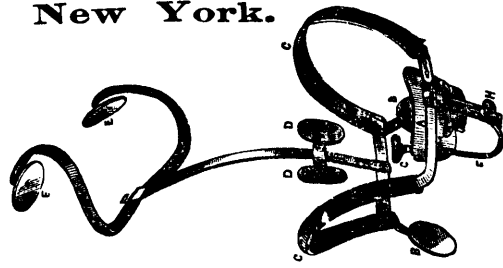
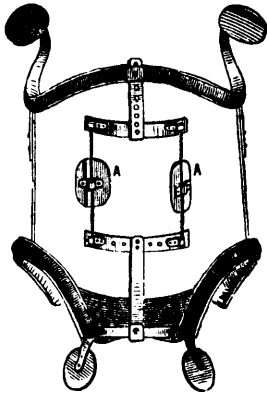


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

## Improved Revolving SPINAL PROP.



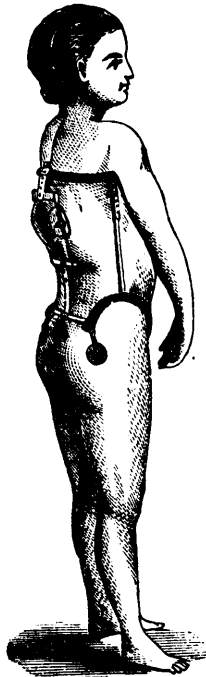
Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

## Fig. No. 19. SPINAL PROP APPLIED.



How to measure for any of these appliances.  
1st Around the body, two inches below the tips of hip bones.  
2d Around the chest, close under the arms.

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

## Banning Truss & Brace Co's. SYSTEM

### OF MECHANICAL SUPPORT

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice.

## PRACTITIONERS

Report to the Medical Journals and to us that cases of

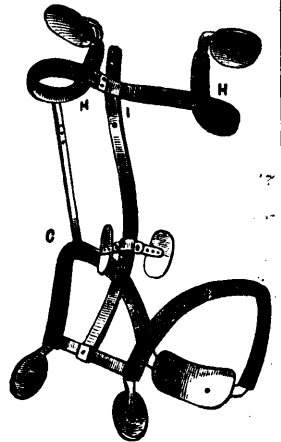
## SPINAL DEFORMITIES AND UTERINE DISPLACEMENT

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters and Pessaries.

YIELD READILY TO

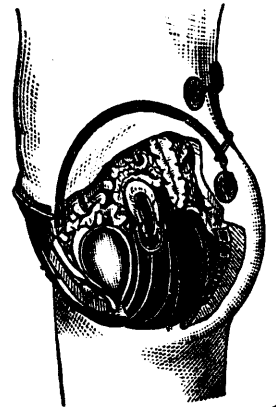
Our System of Support.

## Fig. No. 14. Improved Centripetal SPINAL LEVER,



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the truncal bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

BANNING TRUSS AND BRACE CO., 704 Broadway, above 4th St.

No other office or Address.

Send for Descriptive Pamphlet.

N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.