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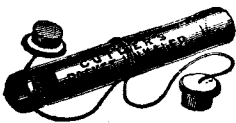
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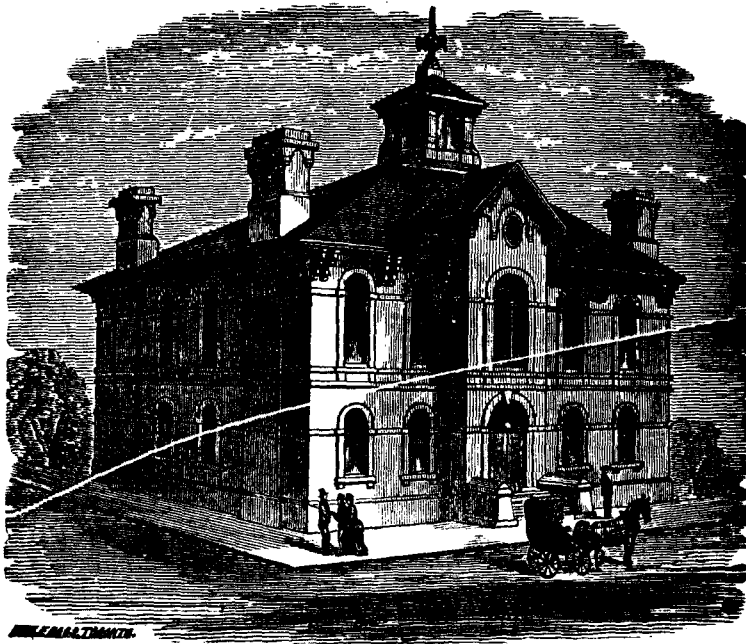
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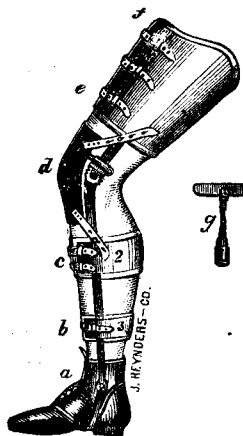
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THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures,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

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

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Anatomy.)

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Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M.D.,
Lecturer Adjunct upon Clinical Medicine.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	\$5 00
Recitations, Clinics, and Lectures	35 00
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U. OGDEN, M.D.,
EDITOR.

R. ZIMMERMAN, M.B., L.R.C.P., London.
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Selections: Medicine.

ON INTERMITTENCY AND IRREGULARITY OF THE PULSE, AND ON PALPITATION, CARDIAC, AND AORTIC.

BY DR. GEORGE W. BALFOUR, EDINBURGH.

Irregularity of the pulse is most frequently associated with mitral stenosis or with gout; no doubt it is also associated with other cardiac affections, or with apparently simple dyspepsia, rarely, however, I think, unless these affections or dyspepsia be associated with the gouty dyscrasia. Simple intermittence, however, stands in a somewhat different category; sometimes it is only an early indication of failure of cardiac power dependent upon anæmia, overwork, or worry, or upon valvular disease or gout, but it is often a purely nervous phenomenon. In the former class of cases we have the affection commencing by an intermission, followed by a thump. As the disease progresses this thump becomes associated with a sensation of tumbling, and by-and-by the irregularity and inequality of the heart's action reveals itself to the sufferer by a rapid and irregular succession of thumps and tumbles of varying force. In the class of cases, however, to which I now refer, the disease never progresses beyond the thumping stage, and the thumps are not even very distinct; the patient has at the most an uncomfortable sensation in his cardiac region of varying intensity, lasting for less than a second, and if we happen to feel the pulse at that moment we become aware that this uncomfortable sensation is associated with the omission of a

pulsation and nothing more; and sometimes this takes place regularly without the patient being in any respect conscious of it. Such cases are of purely nervous origin, and arise from sudden fright, grief, or anxiety; and the intermission thus produced, though for a time of frequent recurrence, gradually dies out, and sometimes disappears entirely, while in many cases it remains permanent, though much more infrequent than at first. This form of intermittence originates in the accidental coincidence of fright or anxiety with a heart congenitally or acquiredly feeble, or with a nervous system from similar causes unduly impressionable. I have known it commence with the shock of a railway accident, and in that case the intermissions were at first every second beat, but in a few months came down to one intermission in twenty beats, and I have no doubt will ultimately disappear. Richardson has known it follow a shipwreck in one instance, with a somewhat similar result, and sudden grief, anxiety, or anger, in several other cases.

This form of intermission is simply an exaggeration of what we have all probably felt at one time or other when our heart has, for the moment, stood still in the face of any impending danger to ourselves or others. It is merely an aggravated form of what our vernacular poet, James Smith, has so graphically described as indicative of maternal anxiety:—

“My vera heart gaes, loup, loup,
Fifty times a day.”

This “loup” being nothing but the perceptible thump which succeeds a momentary intermission. In nervous, and therefore impres-

sionable individuals, now and then, there is no returning thump, the intermission, as Paddy would say, becomes permanent, and we have sudden death from emotional causes, of which not a few are upon record. At other times, partly from the intensity of the impression but chiefly from debility of the nervous system, this "loup," thump, or intermission, of which the loup is the most striking subjective symptom, not only occurs under the instantaneous excitement of any emotion, but repeats itself, at first at shorter, afterwards at longer intervals, until at length it dies out under the reassertion of the normal condition of the nervous system. Now and then, however, it never dies out, but repeats itself so long as life continues. We may, however, be permitted to doubt in such cases if the emotional excitement have any other connection with the intermittence except simply as the accidental incentive to a series of actions already from other causes about to begin. Be that as it may, however, the connection between emotional excitement and muscular motility of a convulsive and rhythmical character is not an unknown thing in other departments of medicine; and cardiac intermittence and irregular action from emotional causes, finds its counterpart in those imitative choreas and epilepsies, which are of no infrequent occurrence, and has even no very distant connection with the vagaries of the convulsionnaires and choreomaniacs of the Middle Ages.

In the treatment of intermittent or irregular pulse, we must be guided very much by the condition of the patient, and the existence of any actual cardiac disease, or of any irritation capable of reflexly producing such irregularities. And this we must carefully ascertain for ourselves, and never trust to the mere statements of the patient; because there is nothing more common than for a dyspeptic patient to say, "I never have a headache; I may eat and drink what I please, my stomach never troubles me." True, but his heart does; and careful examination will discover that his stomach is not so perfect as he represents it to be. It is precisely the same with him as with a patient with neuralgia of the shoulder-joint and a decayed molar-tooth. "You need not look there," he says, "I never have toothache." But he winces

when we touch the tooth, and if we get leave to extract it his neuralgia is cured. The one man has toothache in his shoulder, the other dyspepsia in his heart. The cases are analogous, and teach us to put more faith in our own careful examination than in the statements of any patient, which, let me add, however, there is no need to contradict. We are bound to cure our patient if we can, but it would be both thankless and dangerous to attempt to confute all his prejudices.

In the intermittent pulse of infancy and childhood little treatment is required; the bowels must be regulated if necessary, but more by food and exercise than by medicine, for whatever enfeebles the frame tends to keep up the intermittence. We must also by moderate exercise in the open air, early hours, plenty of sleep, and the use of a nutritious but unstimulating diet, seek to tone down any nervous instability, and to develop a state of rude unconscious health. The patient ought also to be warmly clad, and the use of quite cold water as a bath avoided, as any nervous shock ought to be most carefully shunned. If any remedies seem needful, the bromide of iron is a very useful one, or in very irritable patients it may be necessary to have recourse to the bromide of potassium, for a time at least.

In patients affected with cardiac disease, we of course regard the irregular pulse as a mere symptom, and treat the central lesion upon which it depends whatever that may be. In by far the larger proportion of cases it will be found to be mitral stenosis, as I have already told you; and as the irregular action accompanying this lesion is merely a sign of cardiac debility, what we require to do in these cases is simply to slow and steady the heart's action, increasing at the same time the force of its muscular contractions. All this we can do most effectually by the judicious use of digitalis, so much so, that in a few days the patient will express himself as feeling a new man, and he will not much mind any little remains of irregularity, which it may be difficult if not impossible altogether to remove. Of course, though digitalis in small, repeated, tonic doses, must be our main stand-by in these cases, other drugs as subsidiary agents are frequently of great

importance, and must be used *pro re nata*; such as carbonate of ammonia, when bronchitic rhonchi are present; squill if there be much œdema—if only a little we may safely trust its removal to the digitalis; arsenic if there be much cardiac pain, which there seldom is in these cases; bromide of potassium, with or without morphia—subcutaneously or otherwise—if there be much nervous restlessness; and iron in some form or other if anæmia be a prevalent symptom.

When, however, intermittent or irregular cardiac action comes to be a subject for medical treatment apart from cardiac disease, the heart may still be soothed and steadied by small doses of digitalis if necessary, but the treatment falls mainly under three heads—*First*, to remove the cause if possible; *second*, to brace up the whole organism; and, *third*, to soothe the nervous system. If the cause be mental, such as grief or anxiety, all our care will frequently be baffled, and our success will usually depend not so much upon our remedies as upon our influence, and also upon the amount of mental firmness originally possessed by our patient, and whether he is still capable of being roused to exertion. In nervous shocks from anger or fright, we have a potent help in the narcotic needle, which timeously employed abbreviates the period of shock, and lessens its subsequent influence, besides giving the patient confidence in our resources and in their power to relieve him; the dose of morphia injected must, however, be a full one, and such as is sufficient to ensure sound sleep for some hours. We must in every case caution the patient against all depressing agencies, such as excess in venereal pleasure, excess in tobacco-smoking, too much work, especially intellectual work, all worry or excitement of any kind, and we must prescribe abundance of sleep, fresh country air, plenty of sunlight, perfect quiet, light amusing occupation, and nutritious diet in small quantities at regular intervals, suited to the requirements and capacities of our patient. But no solid food should be given at a less interval than four hours, so as to avoid introducing fresh food into a stomach still containing undigested material, as nothing is more injurious; but a tumblerful of hot water, or a large teacupful of hot solution

of Liebig's extract of beef, washes out the stomach, prevents the accumulation of flatulence, and often proves most useful in stimulating the completion of digestion and the emptying of the stomach.

Alcohol is the one domestic remedy which exercises the most potent influence upon an irregular and intermittent heart; it is, however, one which must be used with caution, because excess in its use is apt to perpetuate and increase the very evil it is employed to cure. Still, moderately employed, its action is not only palliative, but to a certain extent curative; only it must be employed in moderate doses, and in those forms which contain fewest substances likely to disagree, and these are in the main good sound claret, and pure whisky free from fusel oil or all injurious impurity. Next to these comes sound sherry, neither too dry nor the reverse, but of medium quality. Porter, ale, and beer are useful enough at times, as well as all other alcoholic fluids, but as a rule are not to be commended, though in every case we must be guided by the idiosyncrasy, the purse, and the convenience of our patient. The object we seek to attain is to provide a nutritive, diffusible stimulant, slightly narcotic or sedative in its qualities, and one the components of which shall disturb digestion as little as possible, while we also take care that the quantity introduced shall not be sufficient materially to interfere in this way. About two ounces of absolute alcohol is the most that can be introduced into the system in one day without detriment, but this may be given in divided doses, and in various forms, according to the requirements of the patient. Coffee, but especially tea, are excessively injurious to such neurotic patients; they ought, therefore, to be avoided, and a French breakfast, with meat, fruit, and claret, will be found to suit such a patient much better than our ordinary one with tea for its principal beverage; but if preferred, hot soup with a little well-boiled rice will answer equally well in most cases. For lunch a tumblerful of milk and Carrara water, a glass of beer, or a basin of soup, according to taste. For dinner, plain roast or chop, vegetables in moderation, no pudding, and two or three glasses of claret, or

a couple of glasses of sherry, will be found very serviceable. No tea, and at night a glass of whisky and potass water, with or without a biscuit. This is a sort of model diet for such cases, which must be varied to suit each individual case. We must, especially in this climate, secure that whatever is taken in the morning be sufficiently stimulating to enable the patient to withstand the cold—especially in the winter—and to soothe him under the unavoidable worries of life. To this end, if soup be preferred for breakfast, a glass of sherry, or a table-spoonful of brandy stirred into the white of an egg previously dissolved in a little water with a pinch of sugar, will be found a most agreeable and useful lunch. What we must avoid is the production of a catarrhal condition of stomach, or its keeping up, if it already exist, as to that, more perhaps than to anything else, is due the persistence of intermittent cardiac action. But in these cases alcohol is really a remedial agent from which we can obtain more good than from any other drug, only it must be used as a drug, with caution. Definite rules only apply to definite cases, but there are three grand rules which apply to every case, and these are, that the alcohol must be given in a digestible as well as stimulating form, in divided doses throughout the day, and never in excess, otherwise we shall increase the evil we desire to cure.

What we desire to do in such cases is to brace up the general system, at the same time protecting it from injurious influences. Warm clothing, therefore, is a necessity, and cold sponging of the chest, especially every morning; but bathing, particularly sea-bathing, must be shunned as dangerous, the shock being only too apt to produce in such cases, spasm of the heart, cramp as it is so often called, which is so instantaneously fatal that the patient sinks, but is not drowned—he is dead before he sinks.

The drugs which will be found most useful vary with each case; pepsine in doses of 10 or 15 grains with each meal seems to do good always, but beyond that we must be guided by subsidiary symptoms. If there be much catarrhal irritation of the stomach, nitric or nitro-hydrochloric acid and calumba or quassia

are often useful, soda, potass, or lime in the form of lime-water, often gives great relief, but never produces such a permanent effect as the acids; occasionally the alkaline treatment may be combined with the acid one with advantage, the acids being given before food, the alkaline from half an hour to an hour subsequent to a meal, and with these we may combine the use of podophylline in quarter grain doses, with a third of a grain of ipecacuan, and a quarter of a grain of belladonna, which in enfeebled patients unloads the liver, and relieves the right side of the heart without purging. If torpor of the liver be more marked, then small doses of blue pill and aloes just sufficient gently to move the bowels are most useful. If torpor of the colon be the chief apparent ailment, the long-continued use of Barbadoes aloes in small doses, with sulphate of iron, hyoscyamus, and nux vomica, answers very well; and if much flatulence be present, we may substitute a couple of grains of the compound galbanum pill for the hyoscyamus with advantage; or if gout be the fundamental ailment, then small doses of the ascetic extract of colchicum with Barbadoes aloes, both in such doses as shall insure no more than one stool a little more bulky or looser than usual, and continued daily or every second day for some time, will be found most useful.

When hæmatinic tonic is required, as will be the case in most instances, the citrate of quinine and iron will be found to be mildest, and the one most useful in all cases, while Easton's syrups of the phosphates of strychnine, quinine, and iron, is the most powerful, and if continued in drachm doses twice a day for several months, will often effect a most wonderful improvement in the patient's health, and in the state of his heart; that it may do so we must be careful to have all the catarrh of the stomach removed in the first place, and the liver also acting freely, otherwise this tonic will not only not do much good, but occasionally seems to do harm.

Whenever, from the state of the patient, and the defective excretion of urea, gout seems to be impending, the most important remedy will be found to be the free administration of colchicum along with alkalies.

Although for temporary purposes there is no

sedative equal to the subcutaneous injection of Squire's solution of the bimeconate of morphia, yet for continuous use as a nervine sedative bromide of potassium far surpasses it, but it must be given in full doses, from half a drachm to a drachm three times a day, till its full sedative effect is secured.

You will see then, that for the relief of intermittent and irregular cardiac action, we must endeavour first to determine the lesion upon which it depends, cardiac or otherwise, and we must treat this with due regard to the organic debility to which that lesion owes its injurious efficiency, and we must meanwhile not forget that between the cause and its effect we have the nervous system as a connecting link, and that by modifying or interrupting this connection, which we often can do by the judicious use of sedatives and narcotics of various kinds, we may cause to cease, or at all events mitigate the results pending our attempts at cure.

Cardiac palpitation is only too frequently dependent upon similar causes as irregular action, and is to be treated accordingly, especially by such means as shall restore a normal tone to the heart and to the organism generally. Now and then, however, an apparently accidental though violent attack of palpitation seems dependent upon acidity of the stomach, and can often be at once relieved by an antacid draught of soda, potass, or ammonia; and indeed not only palpitation, but also some of the minor forms of irregular action are promptly relieved by a draught containing a drachm of aromatic spirits of ammonia, with or without an equal quantity of tincture of valerian, or failing that, by a tablespoonful of whisky or brandy, with a teaspoonful of carbonate of soda, in about a wineglassful of water, just enough not wholly to drown the miller, as we say in Scotland.

Epigastric pulsation depending on irritability of the abdominal aorta is a local neurosis not always apparently dependent on dyspepsia, nor to be relieved by tonics. I have, however, found it almost invariably to yield to full doses of the bromide of potassium in some bitter infusion such as calumba, gentian, or chiretta. The only exception to this that I re-

member seeing was that of a woman, in whom this excessive abdominal pulsation was accompanied by a preternatural hardness of that part of the artery, probably due to atheromatous disease and in her case large doses of the iodide of potassium gave great relief, though nothing had any permanently curative effect.

In connection with the subject of increased cardiac action generally, I may mention, that while increased action is liable to follow any unusual exertion, such as climbing a stair or going up a hill, both in hearts valvularly diseased and also in those which are simply weak, palpitation or irregular action occurring while the patient is at rest is by no means to be regarded as a certain symptom that a heart is only weak or gouty, because of course hearts valvularly diseased are always weak, and often gouty, and therefore liable to present the symptoms of both diseased and also of simply feeble hearts. There is, however, one peculiarity by which the valvularly diseased heart may be perfectly discriminated from a simply weak heart, and that is, that while palpitation or cardiac discomfort occurring as the result of exertion in a heart valvularly diseased can never be relieved by anything but rest, the same results following exertion in the feeble heart of a nervous or gouty individual are frequently calmed down by an emotional excitement, especially of a pleasurable kind, such as meeting a friend, or the sight of anything novel or attractive, or even, strange to say, by a more violent exertion. Thus a man with a heart merely valvularly diseased is not likely to have any discomfort unless he meets with a slight ascent in his walk, when he is at once brought up, and must rest; but a man with a gouty or feeble heart, though he too may be "afraid of that which is high," and may also suffer during the ascent, yet has his palpitation at once relieved by any emotional excitement, and if he be seized with sudden palpitation while walking slowly on the level, he will often find it disappear at once if he takes a short race to the next lamp-post: the heart beats the faster for the exertion, but the palpitation is gone, affording an example of a very peculiar form of inhibition, which probably only those can truly appreciate who have experienced it.—*Edinburgh Medical Journal.*

TREATMENT OF SUNSTROKE BY THE SUBCUTANEOUS INJECTION OF QUININE.

BY SURGEON A. R. HALL.

Army Medical Department.

The experience of several medical officers in India is now apparently sufficient to prove that the hypodermic injection of quinine in heat apoplexy is the the most successful method of treatment that has yet been adopted. I have had conversations with several who have used it; and a friend of mine, a Surgeon-Major, recently returned home, said to me:—"If there is anything in the practice of medicine which may be described as *magical*, it is the effect of the subcutaneous injection of quinine in sunstroke." Records of a good many recoveries have been published; but as a typical case, I select the following one recorded by Surgeon-Major T. C. O'Leary, M.B., Royal Horse Artillery, in the "Annual Medical Report of the Army for the year 1872." As I presume most of the readers of the *Practitioner* do not see this blue-book, I insert the case here in full:—

"A man of the D brigade, Royal Horse Artillery, was, with others, unavoidably exposed in shifting baggage at the break formed by the Kistna river, on the line between the Madras and Bombay Presidencies. He was young, healthy, and had not been drinking. The train was about to start at three o'clock in the afternoon, from Raichare, when he staggered up to the carriage set apart for the sick, and asked for admission, saying 'he was dying.' The bell had rung, and no time was to be lost. The water chatties were filled, a lump of ice procured, and the two medical officers accompanying the Brigade entered the carriage with him. The cold douche was assiduously employed, ice was applied at the nape, and friction of the limbs kept up. Though the temperature of the surface was brought to its natural standard, the patient was making no rally, and the heart's action was rapidly failing. Stimulants could with much difficulty be administered, as the jaws were firmly closed, and complete insensibility was almost established; in short, the case was becoming desperate.

"Quinine had been constantly recommended in cases of this nature, and, as a syringe was at hand, it was determined to introduce the drug subcutaneously. The effect was closely watched, and after the first injection the pulse at the wrist was felt to flicker; this encouraged a further trial, and the result was so satisfactory that a third injection was accomplished. Within a few minutes the circulation was fully established, the man sat up, stared vacantly about, and recognized those standing near.

"It is only necessary to add, that within half an hour from the time when the first injection took place the patient was partaking of mutton broth, and was partly feeding himself. He soon fell into so comfortable a sleep that the medical officers were at liberty to leave him, and on the arrival of the train, at seven o'clock in the evening, at Goolburga, he was practically convalescent. On reaching Kirkee next morning he jumped out of the hospital carriage, and would have marched to barracks had he been permitted.

"The jolting of the carriage did not permit a nice calculation to be made of the quantity of quinine introduced at each injection, but the apothecary was of opinion that five grains in all must have been passed under the skin. No ulceration took place at the points of entrance of the needles."

During the month of May, 1869, my friend, Mr. Walter Kerr Waller, of Calcutta, told me that he had been very successful in treating sunstroke by doses of 20 or 30 grains of quinine given by the stomach, and advised me to try it. A short time afterwards, I was called to see a driver of my battery, at Barrackpore, near Calcutta, who was a patient in hospital, and who was knocked down with heat apoplexy about five o'clock in the afternoon. I found him completely comatose, with dilated pupils, stertorous breathing, face very much flushed, skin of body red and *burning hot*, pulse full and rapid. I dissolved 20 grains of quinine in 20 minims of dilute sulphuric acid, and about 3 ozs. of water, and attempted to make him swallow it; but in vain. I therefore thought it a good opportunity for trying the hypodermic method.

A solution of 5 grains of quinine in 5 minims

of dilute sulphuric acid, and 50 minims of water, was put under his skin, in different places, about the shoulders. Within one hour the heat of surface had perceptibly decreased; he steadily improved during the night, was quite sensible next morning, and recovered without any bad symptoms. As far as I am aware, this was the first case in which quinine was *hypodermically* employed. Surgeon J. Anderson, at present with the "Chestnut troop" of Royal Horse Artillery, shortly afterwards, in the same hospital, treated a case with equally satisfactory results. I attended five cases of heat apoplexy at Barrackpore, and employed this method, and they all recovered.

Now, as to the condition of the patient, and the way in which the remedy acts. Heat, at first, acts as a stimulant on the vaso-motor centres, causing the heart to beat more forcibly and rapidly. But after a long time, the overstimulated centres become exhausted; then the capillary vessels are dilated fully. This condition is now generally recognized as one of real debility. A writer in the *Lancet* of February 3, 1872, under the head of "Therapeutic Traditions," remarks:—"For the old idea, that sensible heat of skin with redness of the face in itself implies strength of constitution, no authority remains; the obvious fact being that surface redness means *vaso-motor paralysis*." One prominent symptom is noticed in heat apoplexy; that with increased amount of blood in the skin, there is entire suppression of *perspiration*. The sudoriparous glands have apparently lost their power of action. I have an idea that the pathological conditions of heat apoplexy, and the *secondary fever* of cholera are very like one another, each a state of exhaustion, the consequence of previous stimulation, and that in both these states stimulants and quinine do good.—*Practitioner*.

SIR WILLIAM FERGUSSON AND DR. ARTHUR FARRE.—We are happy to be able to report that Sir William Fergusson continues to improve and to regain strength. He drives out daily, and at the end of the month he will go to his home in Scotland. We are very glad to say also that Dr. Farre is making very favourable progress towards recovery.

DEATH FROM RUPTURE OF A VERY SMALL INTRA-THORACIC ANEURISM.

BY JOHN C. THOROWGOOD, M.D., F.R.C.P.,

Physician to Victoria-park Hospital for Diseases of the Chest; Lecturer on Materia Medica at Middlesex Hospital.

Mr. T. H., aged forty-two years, whom I had known for some five years as a dentist rising into considerable practice, came to me one morning in April last, complaining of very severe pain whenever he swallowed food. The seat of the pain appeared to be about the cardiac orifice of the stomach, and as soon as the morsel swallowed had entered the stomach the pain ceased.

The only ailment for which I had been called in before had been obstinate pains, like those of rheumatism, about the body generally, associated with profuse night-sweats. Of late the health had been remarkably good, and flesh had been gained to some extent. So little importance did the patient attach to the pain on swallowing food, that he was contemplating an excursion into the country on the very day on which I was consulted; but from this intention I dissuaded him. It was about April 16 when I saw him for the symptom just alluded to, and at that time the pulse was 96, tongue clean, spirits good. Careful examination showed some little increase of hepatic dullness towards left; no cardiac murmur, but second sound seemed unduly loud; no cough; breath-sounds normal; no vomiting; bowels open. Patient told me that some years ago he had had a similar attack of pain in swallowing, attributed to congestion of liver, which in a few days passed away. I prescribed a powder of hydrargyrum c. cretâ and pulv. ipecac. co. at bed-time, and an antacid laxative mixture. Three days later he was no better. The pulse was small; at one time it would be 96, and six hours later would fall to 72 or thereabouts. A motion from the bowels was described to me as inky black. These symptoms alarmed me more than they seemed to do my patient, but he promised to rest and take the dose of tincture of opium which I ordered. Nothing new in the way of physical signs.

On April 21, at 9.30 a.m., just as I was leaving for a distant visit to the country, my poor

friend came to me in much suffering. The pulse was 96. Tongue clean. Bowels loose, but motions not unhealthy in appearance. The pain was now complained of in the back and under the right shoulder. Feeling very uneasy about him, I recommended him at once to see Dr. Andrew, who made a careful examination, and detected a murmur audible below the xiphoid cartilage, and so down to umbilicus, where it ceased. Later in the day this murmur could not be heard.

Towards the evening of Friday, April 21, the suffering of the patient increased fearfully; and Mr. Maunder, who was called in, injected one-fourth of a grain of acetate of morphia into the tissue of the arm. After this a short mitigation of pain took place, with a sensation as if something had given way in the chest; and presently great collapse came on, relieved for a time by an injection of brandy into the rectum, but ultimately fatal at 9.30 p.m., on the 21st.

Dr. Andrew was of opinion that death was due to the rupture of an aneurism. The correctness of this opinion was proved by the post-mortem examination made by Dr. Andrew, Mr. Maunder, and myself on the 23rd.

On opening the abdomen we found nothing worthy of remark; but, on proceeding to open the thorax, blood-stained fluid ran out from the right pleural cavity, and from this cavity was removed a large quantity of this bloody fluid, mixed with clot. Behind the descending part of the aortic arch was felt a solid mass, which on examination proved to be formed by the posterior mediastinum stuffed with clotted blood, and this blood had forced its way down the mediastinum, and must, by its pressure, have been the cause of the pain complained of at the cardiac orifice of the stomach. The parietal pleura on the right side had given way on the spine close above the diaphragm.

Just below the origin of the left subclavian artery was a small aneurismal pouch on the posterior aspect of the aorta, which had ulcerated into the mediastinum and formed a swelling of laminated blood-clot. Just below this was another small aneurismal swelling, which had not ruptured, and was large enough to admit the tip of a finger. The aorta was very atheromatous. The escape of blood in the right pleu-

ral sac must have taken place very shortly before death, for certainly on the morning of the 21st there was no evidence of anything like pleuritic effusion on that side. The intensely severe pain during the last few hours of life we thought due to the tension caused by the blood dissecting and forcing its way down the tissues of the posterior mediastinum.

It would not have been easy to have recognised by physical signs during life a small aneurism, not bigger than a small walnut, on the posterior part of the descending thoracic aorta. It is, however, not improbable that the attacks of pain in the limbs which occasionally came on in the winter might have been connected with some pressure-effects of the small aneurism in its early and formative stage.

It is not very uncommon to meet with cases of pain of long standing about the thorax and arms, which eventually proves to be associated with some form of intra-thoracic tumour, causing pressure, and so stretching and irritating certain nerves.—*Med. Times and Gazette.*

TREATMENT OF DIPHTHERIA.—Dr. Cesare Ciattaglia gives an instructive communication on the cure of diphtheria in the *Gazetta Medica di Roma*, which is abstracted in the *Lancet*. For some time he has been successful in treating it with the chlorate of potash internally and the application of the hydrate of chloral to the false membranes. With these he combines a tonic and restorative diet. To children of 3-6 years of age he administers the chlorate of potash in doses varying from 10-15 grammes a day dissolved in 140 of water; while the hydrate of chloral, in the proportion of 4 grammes of the hydrate dissolved in 20 grammes of glycerine, is painted over the diphtheritic patches three or four times a day. For adults the dose of the chlorate of potash is 20 grammes (300 grains). Dr. Ciattaglia points out the certainty with which the application of glycerine solution of hydrate of chloral arrests the progress of the formation of the false membranes. He disclaims any pretension to originality in the nature of the above remedies, since the chlorate of potash was introduced by Vogel, and Ferrini suggested the use of the hydrate of chloral dissolved in glycerine.—*Lancet.*

ON THE TREATMENT OF MENINGEAL HEMORRHAGE.

In the recapitulation at the close of an able article on hemorrhage in the meninges by Dr. Jas. F. Goodhart, in Guy's Hospital Reports, he says :

"1. It is a disease of old age, and as such in a large proportion of cases is associated with renal disease, a large heart, and bad arteries, and that the arterial tension is therefore high.

"2. It also occurs in young people when the heart is enlarged from valvular disease, not infrequently from an aneurism in one of the larger cerebral trunks, occasionally from embolism, occasionally in purpura.

"3. It is a disease which not infrequently is recovered from.

"4. The gray matter of the convolutions often gives evidence of considerable deterioration, even in cases which have apparently recovered.

"To relieve the high tension which is so prolific a source of cerebral hemorrhage, no remedy is so effectual as free purgation; and I think there can be no doubt that this means should always be resorted to, both as a means of prevention, which, if carefully guided, may avert the danger of an impending stroke, and which, even when the seizure has come, may yet do much good by lessening the blood-pressure, and so avert further bleeding.

"From the same point of view it seems to me that venesection is a sound practice, and should be adopted, unless there are any special contra-indications which the particular case under treatment may suggest. It is a rapid way of relieving arterial tension, and rapidity is required when hemorrhage has occurred, and the pulse still keeps hard and strong. Ice should at the same time be applied to the head, and the head and shoulders should be raised. By so doing the circulation is reduced locally to its quietest, and risk of further bleeding guarded against as much as is possible.

"To advocate the use of cold locally might seem rather contradictory to the practice which would be suggested by the remarks I have made on the cause of sudden death in some of these cases; and so it is; but to restrain the

extent of the hemorrhage is so imperative that any secondary or remote risk must not for the moment be considered.

"With regard to the large heart, I should feel dissatisfied, if the other measures were not sufficient, to rely upon the administration of the tinct. of aconite. When the extravasation occurs in valvular disease of the heart and in embolism, but little can be done beyond applying the general rules of treatment which are applicable in this or that state of the heart.

"When, however, meningeal apoplexy occurs in young people, and an embolism is probable, the possibility of the existence of an aneurism must be remembered, and an effort made to establish or negative its presence. An intracranial aneurism has already been diagnosed during life, so that it is possible in some cases to diagnose one again, and in such a case it might even be necessary to obtain the surgeon's aid with reference to the possibility of cure or relief by operation.

"Lastly, I would lay especial stress on the fact that these hemorrhages are probably often present without being suspected; that they occur from apparently trivial accidents; and that if care is not exercised, cases which might have perfectly recovered pass on into a state of permanent degeneration of the gray matter of the brain, and even into states of chronic inflammation of the brain and its membranes, thus leading ultimately to confirmed epilepsy, to insanity, and even to death. It really then becomes most important after any severe knock on the head, associated with any brain symptoms whatever, but especially where headache is complained of, or if the slightest intellectual impairment is noticed after the injury, that prolonged rest and quiet to the cerebral circulation should be enforced; and it need hardly be said that this is to be procured not merely by avoidance of much intellectual and bodily exercise, but also by the strictest moderation in eating and drinking."

The taste of quinine is admirably disguised by the Aromatic Elixir of Licorice. It removes in a great measure the difficulty of administering this drug to children.

Surgery.

TREATMENT OF INDOLENT ULCERS.

BY GEORGE L. BEARDSLEY, A. M., M. D.

Few can take issue with me that this kind is the most refractory. It not only resists change, but will often promise obedience and fairly commence repair, when, suddenly, the granulations collapse and wither, and the surface, which had begun to contract, soon has outskirts as free as before. The reason for these freaks is not so much the perverseness of the inflammation, nor any extraordinary acridity of the discharges, but a paucity or poverty of the blood. Long ere the ulcer announces its arrival, the tone of the economy is somehow degraded. Irritation can never, *per se*, breed a chronic ulcer. It wants the help of flabby fibre and poorly oxygenated blood. The sore, then, proves asthenic (*affaiblissement*), with a species of toxicohæmia.

The way to heal it is to interfere with the liberties of the noxious intruder, to make it abort. Mercury resolves this force very well, particularly when combined with iodine. To such a modifying influence on the blood, the use of chalybeates, to correct any inertia, is to be advised. Cod-liver oil pays good interest also. Its employment in these cases forced itself on me by virtue of its nutrient properties. Far am I from being a sanguine apostle of the faith that this oil acts as a solvent of deposits. In phthisis it is useful only because it supplants a loss of oil globules; and I have fancied some analogy between the disassimilation in tuberculosis and ulceration, so far as a proneness to waste is concerned. An indolent ulcer of two years' standing cicatrized in three weeks under the exclusive administration of the oil. Even when it fails to build up the wearied fibres, it seems to fortify the surrounding field against subsequent inroads, by supplying it with an extra amount of pabulum. It is, in a word, food, not medicine.

The diet is to be changed at the outset. Patients, especially the illiterate, bolt at believing that errors of living or the quality of food do much in provoking disorders of health. They are led, with no compunctions of good

sense, to reason that a sore is as independent a lesion as a bruised eye; account for it as an accident; beg of you to confirm their version by swallowing, without hesitation, the history they have learned by heart; honestly repudiate the possibility of the blood as at fault; and stock confidence in some wash of Indian fame, or some salve stirred and blessed by an antediluvian dame. The sooner this superstition is scouted the better. Fermented liquors are first to be forbidden. Nine-tenths of ulcer cripples are whisky bibbers or pedestrian beer-tubs. To epicures or "high livers," a diet strictly vegetable and farinaceous is to be adapted. A change from animal to fish food is necessary, and all stimulants or condiments must be discontinued. The purpose, in brief, is to lessen the excess of fibrin, and to annihilate the gouty diathesis. The converse holds for the poor in body. Here we must add wealth to the blood. The problem, it must be confessed, is not easy. Sparse means face the exigencies of most every case, and the cry of the tissues at the injustice done them goes unhushed. It is no marvel, then, that the crops of ulcers are the most exuberant with the labouring population. Yet some variation in diet can be planned. Fresh meat and fruits, with the cereal products, are within the reach of the purses of the majority, and store the blood in good degree with its appropriate funds.

The laws of cleanliness must be enforced. Indolent ulcers cohabit with the dirty classes. The skin is always diseased, either because charged with armies of acari or through absorption of foul exudations. Eczema and scorbutic rashes are firm friends to these sores. Soap suds without stint will make the *real estate* shrink in value, while sulphur and alkaline baths will restore respectability to the degraded integument. The clothing is to be changed every day and disinfected.

In the topical treatment, there are three indications: (a) to keep the border from growing indurated, (b) to stimulate, (c) to support.

No ulcer can heal if its belt is thick or heavy with lymph. It is just this hard tissue that has none of the groundwork for cicatrization, and is to be removed. Poulticing was the old plan. Its success lay in its creating a slough

and then resort was had to stimulants. Blistering is advocated, after the same idea. All these agents, including nitric acid and Vienna paste, merely kill, do not arrest future effusions. A slough does no service, unless by its departure it relieves the tension of otherwise sound tissue; in this it generally fails. No better expedient offers than a free incision of the base and welt-like border. The gashes should be in parallel lines, and vary in number according to the size of the sore. Hot water, with liq. sodæ chlorin. (ʒij to Oj), should then flood the wound. If the tissue gives to the knife a sense of resistance, as in cutting parchment, excise all the parts, and essay to convert the ulcer into a wound. This done, one of two methods may follow. Expose the bleeding surface to currents of air from a bellows, or lay on lint soaked in ice-water; and as soon as the oozing has ceased, bring the edges into contact by adhesive strips, and cover with collodion, in the hope that the wound will heal by first intention. This procedure is confined to small ulcers. The other plan is to force cicatrization. This is attempted by lotions that are cleansing and stimulating. The policy is to instil into the lax tissue enough vigour to enable it to throw off a strong plasma, and is directed to ulcers whose territory is less circumscribed. The solutions of copper and zinc are in this respect profitable, and must be slightly caustic in their impression. No astringent effect is wanted, as it is not presumed that on a wound thus manufactured any surplus of secretion can show a need for repression. Tinct. capsici (ʒj to aq. ʒj) fires the papillæ successfully. The Peru bals. is a ready agent. It is to be mixed with glycerine and dropped on oakum. Poured clear into the wound, it is not entertained as pleasantly, on account of its viscosity. Carbolic acid in ashes serves a double purpose. While they goad the granulations legitimately, they neutralize all traces of fetor.

If the knife is not allowed, through the bias of the party or from the proximity of the sore to vessels of size, the edges may be softened or made less callous by ointments. The glycer-amyls are the neatest preparation. Cod-liver oil paste works graciously. My objection to all cerates is their rancidity. As found in

shops, they are acid through fermentation. An unguent is supposed to possess the power of mollifying the raw tissue, and to restrain the laudable pus from evaporating. Hence they must be fresh, or compounded at the time ordered. As all samples are so unreliable, the animal oils are my choice. An excellent remedy to make the margin tender is iodine; painting with the tincture several times a week acts often as a specific. If the thickening is quite deep, the crystals, dissolved in glycerine, take hold better. The iodide of lead used in this way works a similar reform.

The last measure is electrolysis. To some it may appear that in advocating the pertinence of electrical currents to "old sores" I have been on a hunt for some novel dodge, and have gone mad with enthusiasm, like a few of my brethren, on the miraculous and unmeasured force conserved in this agent. I am not generous enough to believe that electricity can ever vindicate more than a sixth of the remedial coercion credited to it. It was solely an experiment that led me into the trick of trying such persuasions on indolent ulcers, and my scepticism has not been sustained by the trial. Electricity is to be recommended only in the first stage of the induration. When the borders become tough and puckered, it is useless. After an acquaintance daily for two weeks with either current, the tissue will feel soft and take steps to contraction. An ulcer on the inner malleolus, which had turned against various forms of medication, succumbed to the sole presentation of electricity. Four other cases that were pensioners on my surgical beneficence for six to ten months recovered under the same auspices.

In the preceding remarks on the ways to abolish indurated margins, it was consented that the work of cicatrization could not go on so long as contraction was neglected. The fault may also be with the granulations. If these are insensible or ash-coloured, or sprout so rapidly as to dangle from the base, they should be disturbed and a better crop favoured. Granulations must be instructed to grow slowly, closely, and to secrete pus moderately. If all progressed thus, exudation cells would change without help to epithelial, the sore would shrink, and its investment blend with the mar-

ginal structures. The granulations, then, may be so weak as to need encouragement. Often they are suddenly absorbed, or form so late and tediously as to waste their strength in endeavours to grow. Stimulating dressings are then imperative. Wine of tar, decoction of pulsatilla, diluted alcohol and copper washes are the most serviceable. The "citric ointment" or the nitric acid lotion answers by evasion of a trial of new pharmaceutical products. Iodoform works often as a specific on these sores. Dry lint should top the sore to keep the pus from drying, and to defend the sensibility of the granulations. If these soar too high or thicken ranks rapidly, we must thin and curb them. The question is, When? My rule leads me, just as soon as they overreach the borders, to level them to the same line. Nothing is gained by a savage cauterization. Nit. arg. is powerful enough. The entire area is to be penciled once in three days, and the cone is not to be plunged into the mass. The papillæ are to be just touched, as the mission of caustic is only to check temporarily any exuberance of exudation. It has evidently been the judgment of many that the redemption of a sore hung on a destruction of its means of repair. This is virtually what the violent service of nitric acid and the caustic compounds of potash, as defended, means. A solution of chlorate potassa has been prescribed, with numerous assurances of its happy working. The iodide sulph., sulph. cadmium, and hyd. oxyd. rubrum have been similarly tested. Granulations, thus kindly dealt with, early lose all fungous eccentricities and become coated with the rudimentary pellicle. Finally, the logic of ulceration teaches a pressing need for supports. Bandaging and strapping are the kinds in use. The former has taken to itself the prefix of an art, and as such has been amplified in treatises on surgery. The latter is its offshoot, and is making a history, to be avenged by-and-by. The law for each makes pressure everywhere equal and moderate, to which may be appended that no traction on the margin is permissible. The more extensive a cicatrix, the greater the liability of its remaining sickly or bursting, and hence no stress must be put on the tissue in contiguity, any more than on the granulations. If bandages

are preferred, they must be selected of flannel or calico, and starched and dried. The length for the leg is four yards. Strips wider than three inches are unwieldy. The limb must be washed; and dusted with prepared chalk before the roller is started; and when the bandages encircle joints, surfaces uneven or exposed to friction, cotton batting may be slipped under the circles. Begin at the medio-tarsal junction, and fasten the first ring; lead the second or lap it half an inch; carry the roller across the instep, making it return on the opposite half, at the same angle; proceed, describing the same belts up the leg, or to the sore. All the plaits must be wound smoothly, within two inches of the ulcer, where the strip may be fastened and cut. The roller is not to be applied like a compress, nor in a way to flatten or cord the limb, but so that each fold shall *lift up* the parts. To approximate the edges of the sore, pass a strip of the width of the ulcer, and an inch and a half longer than the circumference of the limb, at the site of the sore, and stick the free ends to a pencil or pen-holder; then relieve the stick until it lifts the bandage as tight as it can be drawn, and fasten the coil by adhesive strips. The patient is to be instructed to turn this piece every third day, or whenever the plait slackens. Rightly adjusted, the bandages need not be rearranged for a week, unless the limb rebels at its confinement, or the cloth becomes soiled by the discharges. Securely as a bandage may be applied at first, it loosens in a few days; the cloth gives, or the circles become deranged through exercise. These risks turned surgeons to a substitute, strapping. Experience proves it superior.

A limb thus bound has a no less pleasant sensation. Originally, they were made to draw the edges into coaptation, but this intention has been modified, and the entire limb is now strapped, since, with the majority of indolent ulcers, a venous stasis prevails which calls for reduction, and an infirmity of the vessels that makes them need some stay.

The plaster should be of one strip, a yard long, half an inch wide, and rolled. Fasten the free head to the inner side of the foot, back of the toes, and moistening the plaster with a sponge as it leaves the hand, pass it around the

member spirally. Carry the circles as far as the ankle; finish by one turn around the heel. Start another roller up the limb, caring that the dolours ascend regularly, in connected lines, not lapping, with a steady pressure, as far as the ulcer, which is to be crossed until covered. Whenever a conference with the sore is necessary, remove only the sections of plaster that cap it, then dress it with separate slips. If the leg is strapped comfortably and firmly, the plasters may remain untouched for weeks. It is better that they should, as the tissues are at once relaxed on their removal, and a severe strain is inflicted on the tender sprouts of skin.

FIBROID TUMOUR OF THE PROSTATE SUCCESSFULLY TREATED BY INJECTION OF IODINE (*Virginia Medical Monthly*, June, 1876).—Dr. Melville Taylor reports the case of a man, æt. 26, who, when he first came under observation, had the following history. About nine months previously he had discovered a tumour the size of a chestnut in the perineum, just behind the scrotum; it was at first moveable, but soon became stationary. Its growth was progressive. He had never had any pain, but complained of a sense of weight and dragging in the perineum, and of severe tenesmus. He urinated frequently, slowly, and with much straining, the water at times containing mucus, and being ammoniacal. Lately his urine had been dribbling from him. His walking was greatly interfered with by the tumour between the thighs, and it was for this reason only that he applied for relief. Exploration of the prostate by rectal touch revealed an abnormal enlargement of this organ. It was hard and firm, presenting to the fingers four different segments. No increased sensibility. Upon the passage of the catheter, an obstruction was met with at the prostatic portion of the urethra; but this, after some manipulation and not a little pain to the patient, was overcome, and the instrument slipped into the bladder, when about ʒxx of fetid urine was passed, although he had urinated previous to its passage. The catheter caused some pain when impinged against the walls of the bladder. The diagnosis of fibroid being made after a few other examinations, treatment was commenced by the injection of iodine into the tumor, fifteen drops of the tincture being used at intervals of several days. There was some little irritation at first, but this soon subsided, and the final result was a complete cure, the prostate decreasing from the size of a base-ball to its normal dimensions.

THE VALUE OF PRESSURE IN SEMI-MALIGNANT MAMMARY TUMOURS.

The suggestion contained in the following extract from a clinical lecture, by Dr. George Buchanan, Professor of Clinical Surgery in the University of Glasgow, is so valuable that we give it prominence:—

There is a kind of tumour which belongs to the simple, or non-malignant fibrous kind, which partakes of malignancy, inasmuch as it returns after removal. Such is the tumour which used to be called recurring fibrous tumour. The question I am going to discuss is not so much the possibility of treating these tumours medically in the way of palliation, but particularly with regard to surgical removal. I wish, however, to tell you at the outset that, because a person has a well-defined tumour in the mamma, it is not absolutely necessary to excise it. I shall say nothing at present with regard to removal by caustics; but it has fallen within my own experience to have seen several most remarkable examples of the disappearance, I might almost use the term cure, of tumour by pressure; and that information is, I think, of great value, because in many cases, from the constitution, or the age of the patient, or from the implication of the neighbouring parts, you could not, with any degree of conscientiousness, recommend removal of the tumour; but I could show you ladies in Glasgow, at the present day, who have had tumours in their mammæ, and who are now absolutely free from the disease by the application of careful and well-directed pressure. You are aware that pressure will cause absorption, both of normal and of abnormal tissues; and you are probably aware that, if a person have an aneurism of the aorta, and if the aneurism continue to grow, it not unfrequently happens, through the tumour pressing upon the sternum, that it gradually induces absorption of the bone until it appears underneath the skin, and if not arrested it spontaneously bursts, and causes loss of life. We are all aware of the importance of pressure in assisting the absorption of abnormal fluids; as by the use of a splint and bandage in cases of effusion into joints. In the same way, pressure, well directed to the breast, has a remarkable effect in causing the absorption of

tumours; and I now am in the habit of ordering the application of a properly-prepared apparatus in cases where, either from the situation, or the implication of the neighbouring parts, I consider that the operation of excising the mamma would be unadvisable.—*Medical and Surgical Reporter.*

SYPHILITIC TEETH.—At the inaugural meeting of the Association of Surgeons practising dental surgery, in London, Mr. Jonathan Hutchinson, in a discussion on the "Manifestation of Syphilis in the Teeth," declared that he still adhered to the belief that the teeth, which he described twelve or fifteen years ago as accompanying hereditary syphilis, were really and invariably characteristic of that disease. He thought the confusion of opinion on the subject grew out of the fact that this peculiar deformity had been confounded with other malformations, and especially with that arising from stomatitis, and usually mercurial stomatitis. The test teeth in the case of syphilis are the *central upper incisors of the permanent set*, and he had yet to see the first case in which these presented the single, small, lunar cleft, and were dwarfed in their general dimensions, in any other than a subject of inherited syphilis. The tooth which is damaged by stomatitis is the first molar, because that is the first tooth in the patient's head to be calcified, and, developing much more rapidly than the rest, it is the tooth which suffers most if stomatitis occurs during the first six months of life. It never escapes if the teeth are damaged by mercury. Next come the four incisors and the canines; and the two pre-molars invariably escape. Mr. Coleman and himself had hit upon the fact that patients with lamellar cataract always have these mercurial teeth; and Prof. Arlt, of Vienna, had added the observation that there is also, connected with these two conditions, a history of convulsions in infancy. The relation of these facts to each other is believed to be, that the mercury is given for the convulsions, the convulsions cause the cataract, and the mercury causes the deformity of the teeth. In conclusion, Mr. Hutchinson repeated the friendly challenge, which he had given for the last ten years, that he would take great pleasure in investigating the history of any case of characteristic syphilitic teeth without evidence of syphilis.—*Medical Times and Gazette.*

EMBOLISM OF THE PULMONARY ARTERY AFTER APPLICATION OF ESMARCH'S BANDAGE TO THE INFERIOR EXTREMITIES.

The application of Esmarch's bandage has been recommended as a means of relieving the debility consequent to hæmorrhages; by causing the return of the blood from the extremities into the viscera of the body, the diminished amount of blood is made to serve the purposes of nutrition, and life is maintained. In the *Wien. Med. Wochschrft.* for November 27, 1875, Dr. Massari publishes a case from the clinic of Prof. Spalth, which confirms this method of combating anæmia, but likewise points out one of its dangers. The patient was a woman, thirty-three years old, who was in a state of extreme collapse after hæmorrhage from placenta prævia. The application of the bandages to the two inferior extremities at first proved beneficial, but several hours afterward the pain of compression became so great that their removal was attempted, but the return of syncope, etc., necessitated their immediate re-application. There was no further change during the day, but at 11 p. m. pain recommenced, and the bandage of the left leg was relaxed, when the patient immediately became pale, complained of an intense precordial pain, the pulse became imperceptible, respiration anxious. Compression of the abdominal aorta was made, the bandage re-applied, and stimulants administered, after which the patient rallied somewhat. The pulse again became perceptible, but the cardiac and respiratory disturbances persisted, and the patient died two hours after. The autopsy revealed in both lungs several of the ramifications of the smaller branches of the pulmonary artery obliterated by small emboli, 3-4 millimetres in thickness. On dissecting the inferior extremities, the saphenæ veins were found varicose; they contained small clots similar to those found in the pulmonary vessels. The explanation, therefore, was that a certain amount of blood had remained in the compressed veins and coagulated. When the bandage was loosened, some of these clots had been loosened by the re-established circulation, and, passing into the circulation, had given rise to pulmonary embolism.—*N. Y. Medical Journal.*

Therapeutics.

COLD WATER IN FEVER.

BY DR. C. BINZ.

Professor at the University of Bonn.

It is not long since every fever patient was carefully guarded from pure air and fresh water. Thick blankets and hot beverages seemed indispensable. Several medical men observed that this treatment did more harm than good; but James Currie was the first to have any success in fighting against these prejudices.

Old and deeply-rooted errors do not fall at one blow, especially when they derive support from the extravagances of the opposition. So at least it was with us. Priessnitz, and the fanatic hydrotherapeutists who followed him, barred the way for a long time to the rational use of cool water; and it is only about fifteen years ago that we recurred to the healthy principles of Currie.

The matter itself is very simple. If a patient at 40° C. (104 F.) is placed in a bath at a lower temperature, he must quickly part with heat. In fever the natural regulation of heat which keeps our body at an almost equal temperature is insufficient. The cool bath makes up for this. If we measure the temperature after the bath, we shall find it lower than before. The blood that surrounds the cells of our nerve centres is less hot. The patient therefore feels stronger and quieter.

Cold baths (15–20° C.=60–68 F.) have the clearest effect. Extensive experience has taught that their action is most positive when they are short and often repeated. Very weak patients must begin with 35° (97 F.) and then the warmth must be lowered to 20° (68 F.), by carefully and gradually adding cold water. In the meantime the body should be gently rubbed.

Cold sheets (*Kalte Einwicklungen*) are less efficacious and cold affusions (*Uebergiessungen*) have less effect; this latter considered merely from the antipyretic point of view.

Only a high degree of weakness of the heart, loss of blood, or perforation of the bowels, are contra-indications against the use of cold baths. Menstruation is not one when the fever

is at a dangerous height, and pregnancy never. Every age and every constitution permits the withdrawal of fever heat, only it must be observed that the loss of heat is in inverse proportion to the weight of the body. For babies we need therefore seldom go under 30° C. (86° F.) to have a full effect; the temperature of the water must be lowest for strong adults.

External application of cold proves, like all other febrifuges, to be most efficacious when the temperature has a tendency to sink spontaneously. That is from seven in the evening till morning, and again in the day from eleven till two o'clock.

The after-effect is of great importance. Under some circumstances it lasts several hours, that is, the lower temperature continues even when the patient has been removed from the water. The reason is probably as follows:—

In fever the vessels of the skin are generally much contracted. The cool water acts as a strong stimulant on them, and causes a somewhat stronger contraction to take place, but this is only of short duration. Relaxation for a longer term is the necessary consequence. The hitherto bloodless and dry skin becomes filled and moist, and thus the irradiation of warmth goes on. It is easy to convince oneself of this state of the skin after the bath. The cooler the bath and the longer it lasts, the more evident and the more lasting will be its result.—*Practitioner.*

FETAL CONDITION OF THE LUNG IN A CHILD THAT HAD CRIED.—Dr. Erman, of Hamburg, relates the case of a woman who was delivered of three seven-and-a-half months' children, two coming into the world living, and the third being dead-born. Both these children cried loudly while being washed, their cries being heard in another room, some distance off. They both died half an hour after they were born. At the autopsy it was found that the whole of the lung of the one child sank in water, even when cut into small pieces; and the lung of the other did the same, except as regards a very small portion of the edge of one of the lungs. The lungs in both were undistended, dense, and of a bluish colour.—*Virchow's Archiv.*, B. 66, Heft 3.

Midwifery.

SOME CASES OF RETAINED OVUM.

BY FLEETWOOD CHURCHILL, M.D., M.R.I.A.

In January, 1875, Dr. McClintock published a valuable paper on this subject, which he had previously read to the Obstetrical Society. He entered so fully into the question that he anticipated most of what I might have felt it my duty to say. I can confirm, from my own experience, what he then stated; and in so saying, I may spare the society a repetition, and confine myself to the relation of a few of the cases which occurred in my own practice.

CASE I.—Mrs. R. consulted me many years ago for a recurrent bleeding from the womb, which, though never excessive, had annoyed her for some time.

She told me that she had miscarried three months before, and of this she had no doubt. There were no symptoms of pregnancy, no enlargement of the breasts, no morning sickness, and no tumour to be felt above or behind the pubis. Under these circumstances I thought that it might be simple irregularity from congestion, which so often follows miscarriage.

As the discharge was going on when I saw her, I prescribed some ergot of rye, and the next day I found it had brought away the shell of an ovum, the fœtus being absent. The lady recovered at once, and had several children afterwards.

CASE II.—Mrs. M., who had previously had several children, and suffered from chronic endo-metritis, missed two or three periods, and believed herself pregnant. A short time afterwards, however, she told me that her changes had recurred, and they continued to return, though irregularly, for some time. Somewhere about six months after the first stoppage I saw her, and could find no sign of pregnancy, neither morning sickness nor areolar development, nor glandular enlargement of the breast. There was clearly enlargement of the uterus, as it could be felt above the pubis, but whether from containing something or from general enlargement I could not make out. There was neither the fœtal heart to be heard nor the placental souffle.

Although the lady maintained that she was not pregnant, I thought it worth while to try the ergot, and was greatly gratified when I found the next day that she had expelled a macerated ovum with a fœtus of near three months, which must have been retained between two and three months after its death. Let me add that neither the discharges nor the ovum had any fœtor.

CASE III.—Mrs. A. came up from the country to consult me about an irregular discharge from which she had suffered three months. She had previously had several children, and did not believe herself to be pregnant. As there had been no suspension of menstruation, and as there was no symptom of pregnancy, I thought it might be an ordinary case of menorrhagia, more especially as I found the os uteri wide open and granular. I therefore passed the sound, which entered four inches, but neither blood nor watery discharge followed.

In the evening she sent for me on account of severe pain—uterine apparently—for which I prescribed a full opiate.

On calling the next morning I found a macerated ovum of two months, which had been expelled during the night.

CASE IV.—Mrs. P., mother of three or four children, consulted me for menorrhagia, from which she had suffered for some months. It recurred each month, and was very profuse, of which her pallid face was evidence. She told me that she had miscarried a good while (I do not remember the exact time) before, but was very positive that she was not then pregnant. Nor had she any symptoms thereof. I found the uterus enlarged, with a wide open granular os, and other evidences of endo-metritis, for which I treated her.

This went on for two or three weeks, when one night the flooding became so alarming that she sent for Dr. Pollock, who lived near. He plugged the vagina and ordered the usual remedies, and the next day we found her without pain, but blanched. The hæmorrhage, however, was arrested. It recurred subsequently, but less violently, and we determined to give ergot, in order that, if the cavity of the uterus contained anything, it might be expelled.

Early the next morning, when Dr. Pollock

made an examination, he found a substance protruding through the os, and with some difficulty he removed it. It proved to be a macerated ovum of about three months, much condensed. She was some months in recovering from the loss of blood.

CASE V.—In March, 1872, Dr. Frazer, 40th Regiment, asked me to visit a patient with him who was suffering from some enlargement of the womb. She was a young woman, about twenty-two years of age, had previously enjoyed good health, was the mother of several children, the last of whom she had weaned in January.

From the previous December (1871) she had been troubled with uterine discharge of a pale red colour, stopping at intervals, and recurring, but irregularly. She refused to believe that she could be pregnant, as the discharge commenced in December, and she did not wean her baby until February, and the milk had not failed. In March she discovered a tumour above the pubis. I found her free from pain, but weakened by the repeated discharges. At the moment she was free from discharge. There were no symptoms of pregnancy, nor could I make out any ground for believing her so. I found the uterus reaching midway between the pubis and umbilicus, without tenderness or great hardness. Internally, I found the vagina relaxed, the uterus bellying out above the cervix, the os wide open, as in endo-metritis.

As she had had several children, and was familiar with the symptoms of pregnancy, yet declared herself not pregnant, and as I could detect no such evidences, I felt myself at liberty to use the uterine sound. It passed five inches into the uterine cavity, gave no pain, and was followed by no discharge of any kind. So far I was inclined to consider the case one of polypus, or fibroid or interstitial enlargement, and I proposed a further examination in two days, and, if necessary, the use of tangle tents.

Two days afterwards I received a note from Dr. F., commencing: "Our patient has sold us somewhat. She had violent pains last night, and expelled a macerated foetus" of about four months. There was a good deal of hæmorrhage, and some difficulty in removing the placenta. She had a slight feverish attack, but recovered well.

CASE VI.—In 1872 a lady, aged forty-eight, came up from the country to consult me about a tumour she had detected in the lower part of the abdomen between the pubis and umbilicus.

It was firm though not hard, and had the shape of the uterus, but was very moveable. With the stethoscope I could detect neither foetal heart nor placental souffle. A bi-manual examination showed it to be the uterus. There was no change in the breasts or nipples. She had had fourteen children, and did not believe that she was pregnant. Some six months before, menstruation had stopped for two or three months, which she supposed was preparatory to its ceasing altogether. It did, however, return slightly and irregularly.

Not being quite satisfied, I postponed for a day or two making an examination with the sound, but that very evening I was sent for in a hurry, and found a macerated foetus of four months, with its placenta, lying in the bed. In this case only, of all the six cases, the membranes had not been ruptured until the foetus was expelled.

I have related these six cases as examples of cases not very unfrequently met with. They are not all I have seen, but of others I have no notes. I have no means of computing the comparative frequency of such instances.

I quite agree with Dr. McClinton in the difficulty of the diagnosis, not merely because, as in all my cases, there is an absence of the ordinary symptoms of pregnancy, but because of circumstances which are decidedly misleading—*e.g.*, the lady telling us that she has miscarried some time before, or that she is "regular," or certain that she is not pregnant. Although the latter assertion only carries weight in the case of separation of husband and wife, yet in the case of a woman who has had many children it cannot be quite overlooked, and most certainly tends to confuse our diagnosis. In one or two cases I was either thus misled or off my guard, and was quite taken aback when the foetus was expelled; but in others, where I was quite prepared for the possibility of a retained ovum, I could find no symptom on which to ground such a conclusion.

I am very much inclined to think that we are justified, on the ground of diagnosis, in

adopting what I believe to be the best method of treatment—viz., the introduction of the sound and the exhibition of ergot. In such cases as those I have related, where the usual symptoms are absent, or where, having existed, they have ceased for some months, we may be pretty sure that the foetus is dead, and consequently we shall not be interfering unadvisedly with gestation by employing such means as may cause the uterus to contract. If the uterus contain nothing, but is enlarged from other causes, the ergot and sound will do no harm, nor interfere with such other treatment as may be necessary.

As Dr. M'Clintock has observed, when the ovum is macerated or putrid there is rarely any hæmorrhage. One of my cases was an exception, and she was the only one whose recovery was slow. All, however, did recover.

I am sorry that in none can I fix with any accuracy the duration of the retention. In all but one the membranes had been ruptured long before expulsion, but in none was there any factor of the discharges.

The President had had a very interesting case of the kind under his observation, in which the ovum was retained for eleven months, and in that case the prominent symptom was the total suppression of menstruation. After being pregnant some eight or ten weeks, the patient met with a slight accident, and had an attack of hæmorrhage, followed by severe pain. Subsequently the discharge ceased, and for the succeeding nine months there was no return whatever of the menstrual discharge, nor any sanguineous discharge whatsoever, but her general health continued good. She was kept in hospital, and the examination which was made seemed sufficient to excite uterine action, and in the course of twenty-four hours she expelled a mole. He had also a case in which a lady, after five months' pregnancy, retained a dead foetus for more than three months.

Dr. M'Clintock said the cases were very perplexing in practice, and caused a great deal of anxiety to the patient and her friends, and the negative course that the medical man was often obliged to pursue was rather trying and difficult. Dr. Churchill seemed to have been very fortunate in the treatment of his cases, that he was enabled to accomplish the expulsion of the

ovum by the use of the sound, and the administration of ergot of rye, for cases were occasionally met with where such mild measures as these were quite insufficient to effect the emptying of the uterus, and, of course, until that be done, and any remains of the ovum removed, the woman was liable to hæmorrhage. He believed, however, that cases would be occasionally met with where those measures would completely fail. The use of plugging very often had a beneficial effect in bringing about expulsive action in the uterus. A man would, however, hesitate before employing the plug as long as there was any possibility of preserving the ovum, for it was almost certainly followed by expulsive action of the uterus.

Dr. Kidd said a case of the kind had lately come under his observation which illustrated the difficulty which Dr. M'Clintock had spoken of as to the position in which the medical man was placed, for he believed he was very frequently likely to be considered as not knowing what he was about—in fact, in some instances, not to understand the case at all. Some time ago a lady came to Dublin who had been in India, occupying a very prominent position there, and soon after coming to Dublin she had some hæmorrhage from the uterus. He was sent for, and gave it as his opinion that she was threatened with a miscarriage. However, she would not believe she was pregnant at all, and after undergoing a very careful examination, he reiterated his opinion that she was threatened with miscarriage, and that she was pregnant. She had, however, passed the period when quickening would have occurred. She had had several children; more than five months had passed since her previous menstruation, and the uterus, she said, had ceased to grow, for she maintained it was a tumour. He could not hear any sound in the tumour, and the breasts did not exhibit the plain indications of pregnancy. When he examined the uterus he was quite able to ascertain that the tumour was a uterine one. Then the os uteri had the peculiar soft pulpy feel that the os uteri had in cases of pregnancy, but as far as his experience went, it never had in cases of uterine tumour. That lady had repeated attacks of hæmorrhage, and he watched the case for some time. One day,

however, the lady's discontent arrived at such a pitch that she sent for Dr. M'Clintock, but he refused to see her when he learned that he (Dr. Kidd) had charge of the case. She then went to London, and consulted one of the most eminent obstetricians there, but he (Dr. Kidd) believed the gentleman was led away by the statements of the lady, for he sent her to Kreuznach to get rid of the tumour, which, however, proved to be a four months' foetus. He believed that, in the first instance, it was best to express only qualified opinions in such cases, and always assume that the patient was pregnant, but not adopt any expedient to insure the expulsion of the child until we had indisputable evidence of its death.

Dr. Denham said he thought that their attention ought to be directed to the importance of preserving the life of the mother. He thought in cases of retained ovum in which there had been repeated hæmorrhages it was scarcely worth their trouble to preserve the ovum. In two of the six cases mentioned ergot seemed to have had a magic effect, and to have brought about immediate relief. His experience of the use of ergot was by no means commensurate with those facts. He had used it again and again without really much effect. If they came to the conclusion that active measures must be taken, he had no hesitation in saying that they should apply the sound, which he thought was better than the exhibition of ergot.

The President would like to confirm what had been said by Dr. Denham with regard to the inefficiency of ergot in such cases as those of retained ovum. He believed in its effect in arresting hæmorrhage, but it did not necessarily expel the ovum, and he believed it had no effect in doing so. He had recently had a patient who had previously had three miscarriages, and who was, for the fourth time, suffering from well-marked symptoms of abortion in the third month of her pregnancy. In her case he administered ergot for three weeks, and the result was that the hæmorrhage and pain ceased, and she went on to her full time.—*Obstet. Jour.*

SIR WILLIAM FERGUSSON.— We have the pleasure to report that Sir William Fergusson continues to make good progress and to regain strength. He now walks downstairs, and, weather permitting, he will be taking a daily drive.

A CASE OF COMPLICATED LABOUR.

BY A. V. MACAN, M.B.

In such cases Professor V. Hecker, of Munich, has used the subcutaneous injection of ether with marked success, and recommends it strongly to the profession. The importance of the subject, the respect due to such a high authority, and the fact that cases in which this treatment can be put to the test happen but rarely in the practice of any one individual, must be my excuse for bringing a single case, and that, perhaps, an exceptionally favourable one, under the notice of this Society, without waiting to see whether further experience would, or would not, confirm the results obtained in this instance.

I was requested by Mr. Kilbride, then one of the intern pupils of the Rotunda Hospital, to visit a case of tedious face presentation, at 22, Temple Bar, off Fleet Street.

* * * She was quite insensible, deadly pale, and pulseless, with fixed eyes, dilated pupils, clammy face and extremities, and short and superficial respiration. On examining the vulva, I found there was a thin streak of blood flowing over the thigh, and as it was obvious that if the smallest quantity more blood were lost the patient must die, I determined to combine the injection of the perchloride of iron into the uterus with the subcutaneous injection of ether. Having, therefore, grasped a fold of the skin covering the abdomen, I injected two syringefuls, or about ʒss, of ether well into the subcutaneous cellular tissue, and then injected about six ounces of the usual solution of iron into the uterus. Before I had finished injecting the iron the pulse returned at the wrist, and, emboldened by this, I injected a third syringeful of ether close to the former one. The effect produced was most marked, the woman soon turning of her own accord over on her side, and declaring, when asked how she was, that she felt much better. The change was so sudden and so great that every one in the room was satisfied it was produced by the ether. Shortly afterwards the woman vomited, and though it was a long time before reaction was established, the woman improved so much that I felt justified in again leaving her in charge

of Mr. Kilbride, whom I have to thank for his great care and attention of the case throughout.

* * * With regard to the subcutaneous injection of ether, there are one or two things which require further explanation. The first is the quantity to be used. This depends entirely on the patient's pulse. Professor Hecker frequently injects fifteen syringefuls (about ziv) from three to five at a time, at short intervals. The injection may require to be repeated, as the effect is very transitory. The part most suitable is the loose abdominal walls, but the gluteal region is easier got at if the woman has on a binder. The only thing to be attended to in making the injection is to pass the needle deep enough; if you fail to do this, you will probably have a troublesome abscess. Professor v. Hecker has never seen an abscess formed at the seat of the injection. The injection itself is rather painful, but this is of little moment if his statement be true, that it will in many cases render transfusion unnecessary; even if not quite so efficacious, it is at all events free from danger, and can be carried out without any assistance or complicated apparatus. Its use need not at all be confined to cases of post-partum hæmorrhage. I have myself since used it in accidental hæmorrhage, where it enabled me to deliver at once, though the patient had been pulseless for more than an hour. I have also used it in puerperal fever, but without permanent benefit, though the pulse, which could not be felt before the injection, returned almost immediately; also in a case of rupture of the uterus, where, I think, it prolonged life.

In surgical practice it was used long ago by Dr. Bennett for collapse in a case of strangulated hernia, and Mr. Croly has lately used it in a similar case—with what result I do not exactly know.

Professor Winckle, of Dresden, has used it with great success in a case of pulmonary embolism following confinement, where it completely relieved the intense dyspnoea.

There is, I think, little doubt that this treatment is deserving of our careful consideration, though only a more extended trial by different and unprejudiced observers can finally determine its exact therapeutic value.

The President had recently been asked to visit a case of placenta prævia. On his arrival he found the patient pulseless—in fact, she appeared to be moribund. The vagina had been promptly plugged, but the hæmorrhage previously had been very great. She had got out of bed early in the night to pass water, and while she was in the act of doing so severe hæmorrhage set in. A large chamber utensil was two-thirds filled with blood, and the bed was saturated. Brandy had been given freely, but she had vomited it as rapidly as it was taken. He decided on trying the treatment suggested by Dr. Macan, and injected two syringefuls, or about a drachm, of ether. In a short time he was able to leave the patient, and next morning he delivered a dead foetus by version. She recovered without any bad symptom. In ether they had a stimulant which could be given hypodermically, safely and efficiently, when the condition of the stomach rendered it impossible to give stimulants in any other way. Within ten minutes after the injection they could smell the ether in the patient's breath.

Dr. Wilson hoped that the new mode of treatment recommended by Dr. Macan would be extensively published as one adopted by the Irish school of surgery.

Dr. McClinton thought that the treatment adopted was a valuable acquisition to our resources, and possessed several advantages over transfusion. He thought it might be useful in cases of chloroform poisoning.—*Obstetrical Journal*.

A PLEASANT SOLUTION OF SULPHATE-QUININE.—In many cases we wish to prescribe sulphate quinine, and to get a solution clear from turbidity is a *desideratum*. With aromatic sulphuric acid we get a passable solution, but the acid is often objectionable, if not absolutely contra-indicated. In practice, I find the spiritus ætheris dulcis to be all that is desired. One ounce of it will dissolve about two drachms of quinine, giving a transparent solution. I am not aware that this solvent has been recommended. To those who have not used it, a trial will, I believe, be a success most agreeable to both patient and physician.—ISAAC SMITH, JUN., in *N. Y. Med. Journal*.

TWO CASES OF A PESSARY IMPACTED IN THE VAGINA FOR MORE THAN A YEAR.

BY GEORGE BUCHANAN, M.A., M.D.

(Professor of Clinical Surgery in the University of Glasgow.)

Within the last eighteen months two cases have come under my care in the wards of the Western Infirmary, which though not by any means unusual, yet are sufficiently interesting to warrant narration, and prove a warning to medical men to be most exact in their instructions to patients whom they advise to wear these instruments.

Mrs. M., aged forty-eight, was admitted on the 8th June, 1875. She stated that nearly five years ago an instrument had been put into the vagina to support a prolapsed uterus. She understood that she was to wear it constantly, and from that time till a few days before admission she submitted to it, though it was often the source of great pain and annoyance, without having recourse to medical advice.

On examination it is found that the labia and thighs are excoriated with urine which drips from the passage, and between the labia are seen projecting the ebony handle of a Zwanzk's pessary, the blades of which are firmly adherent to the walls of the vagina.

She was put under the influence of chloroform, and by continued traction and partial rotation, while the forefinger of the left hand was retained in the vagina to prevent the walls from being pulled down, the instrument was gradually extracted. One of the limbs of the pessary had ulcerated through the anterior wall into the bladder, and through the fistulous opening thus made the urine had trickled, and the whole instrument was coated about a quarter of an inch thick with urinary deposit.

She was kept in bed for two or three days and then allowed to go home, with a request that she would present herself in a few weeks after, so that the opening in the bladder might be closed. She did not return, so it is presumable that the vesico-vaginal fistula caused by the ulceration has spontaneously closed.

CASE II.—Mrs. W., aged sixty-one, was admitted to the Western Infirmary on the 2nd June, 1876.

About a year ago a modification of Hodge's pessary was introduced to support the uterus. She must have misunderstood the instructions given her, for in spite of feeling great pain and discomfort about three weeks after the instrument was introduced, she continued to bear the pain under the impression that in no case was the pessary to be removed. After some weeks of suffering the pain subsided, and she was able to go about as usual. Recently, however, she began again to feel annoyance in the parts, and she applied to a medical man. Finding that the pessary was in some way adherent he sent her into the hospital.

7th June.—Patient being put under chloroform, the small end of the ring-like pessary was found lying just within the vagina, and on pulling it, the upper end was found firmly adherent to the vaginal wall, being retained there by a band of tissue as thick as the little finger which had united over instrument.

Evidently the ring of the pessary had ulcerated into the lateral vaginal wall the depth of an inch; the ulcerated edges of the sulcus, which it had excavated, had fallen together over the ring, and had adhered to one another so as to form a firm retaining band.

The vaginal walls being held apart by a retractor, the retaining band was divided with a scalpel, and the pessary released from its hold and easily removed.

It is hardly necessary to say that the lesson derived from these two cases is, the very great importance of giving the most simple and exact instructions to all patients, who are themselves entrusted with the charge of any instruments necessary for the treatment of their case. Medical men are sometimes apt to take it for granted that patients will do things as matters of common sense. But that should never be trusted to.

A short time ago I was consulted about an infant three months old, the subject of a hernia. The mother had been instructed by her medical attendant to procure a truss, which the child was ordered to wear *constantly*. The result was, that after the child had worn the truss for six weeks without ever having had it taken off for the purposes of cleansing, excoriation and subsequent ulceration of the skin at the groin took place.

Consequences equally distressing occur when patients are entrusted, without specific and simple orders, with other instruments—such as bougies, catheters, &c.—*Obstet. Jour.*

TREATMENT OF SHOULDER PRESENTATIONS.

BY EDWARD WARREN, PARIS.

[The following is taken from a letter by Dr. P. H. Maxon, of Syracuse, New York, giving an account of his treatment of shoulder presentations.]

He says: "I hasten to give you in a condensed form an account of my plan of *treating shoulder presentations*. Gravity is the principle invoked; and I was led to the discovery in 1860 by placing a woman with prolapsed cord on her knees, with her head and shoulders low, as recommended by Dr. T. G. Thomas, of New York, in order to effect its reduction, and finding that while she was in this position an abnormal (abdominal) presentation was spontaneously converted in to a normal one. Having reflected on this circumstance, I was induced a few weeks later, when called in consultation in a bad shoulder presentation, to try *position* as a means of rectifying it. I was very anxious in regard to the case, because the lady had lost three children already from 'turning to deliver' in shoulder presentations. Her regular attendant, Dr. G. N. Dox, of Geneva, New York, a physician of attainment and experience, happened to be the *confrère* in whose practice the case of prolapsed cord, above referred to, had occurred; and instead of 'turning' himself, as had been so unsuccessfully attempted in the lady's previous labours, he sent for me in consultation. Remembering the fate of the other children, and finding this one very large, I suggested the feasibility of correcting this *shoulder presentation* in the same manner as I had corrected the *abdominal* in the first instance. With his consent I made the effort in the following manner:—I folded several quilts compactly, laying them one upon another to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forwards, so as to bring her body to an angle with the bed of nearly 90 degrees. I then pressed my hand gently against the shoulder, which readily receded, until I was enabled to clasp the vertex with my fingers, and with the assistance of the next pain to so 'engage' it, that, when the

patient was placed upon her left side and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labour terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequently experience convinces me that *shoulder presentations* can generally be converted in this way into *natural* ones, without a resort to 'turning,' and with no risk for the mother or the child."

I would add that this method of treatment has received much attention in America, and that no inconsiderable amount of testimony has been accumulated in support of its efficacy. Dr. Maxon also informs me that he submitted his views in this regard some years since to Sir James Simpson, and that they were cordially endorsed by that distinguished gentleman.—*Lancet*.

MEDICAL ASSOCIATION.—TRIP TO COUCHICHI-
 CHING.—On the morning after the adjournment the members of the Association, and their ladies, were taken by the profession of Toronto and vicinity through the threshold of the beautiful chain of lakes stretching from Belle Ewart to Rosseau. Through the kind courtesy of Mr. Cumberland, a special train, with parlour cars, was provided, leaving Toronto at the much more comfortable hour of 8.30 a.m. The day was very warm, and the run in the boat was thoroughly enjoyed and appreciated, as was also the beautiful scenery of Lakes Simcoe and Couchiching. Whilst dinner was being prepared, the members of the party distributed themselves through the grounds of the Couchiching Hotel, and some were off the grounds for a new refreshing plunge in the waters of Lake Couchiching. The return in the cool of the evening was even more enjoyable than the morning's trip. The "special" overtook and passed the regular train, arriving in town about fifteen minutes ahead of time, after one of the best trips on the road. On the way home it was resolved that the thanks of the profession should be conveyed to Mr. Cumberland, the manager of the road, for the kind thoughtfulness manifested in the arrangements made by him.

Translations.

CATHETERIZATION OF BARTHOLOMI'S GLANDS.

Notes by Dr. A. Breda, assistant to Professor Carlo Rosanelli.

(Translated from the *Gazetta Medica Italiana*.)

It is well known that these glands often become the seat of painful inflammation as a result of the first post-nuptial rites. The inflammation may spread from the vestibule to the ducts, to the bodies of these glands, and to the connective tissue surrounding them, and give rise to abscesses, fistulæ, and cysts. In Dessault's journal, a case is reported of a tumour formed from one of these glands being confounded with hernia. According to the latter, it is "not always easy to distinguish mucous cysts of the vulvo-vaginal gland from serious cysts developed in the meshes of the cellular tissue, in the canal of Nuck, or in an old hernial sac." Zeissi believes these glands are often affected, and confesses, with honest frankness, that in some cases they never heal.

Assuredly, phlogosis of such glands proceeds for some time without any objective alteration, and tends mostly, especially when the body of the gland is affected, to suppuration. The woman's modesty, whim, or interests may present to the practitioner difficulties both in diagnosis and treatment. If not, embarrassment in the diagnosis rarely occurs, and the cure can be made with sufficient confidence, when suitable and energetic treatment is employed, as in diseases of the lachrymal passages, for example.

The glands of Bartholini have several times been presented to us in a diseased condition. Two women, after an attack of vulvitis, showed redness at the orifice and catarrh of the duct of the left gland. Squeezing out, several times a day, of the material which accumulated there, and then to force injections of a weak solution of nitrate of silver into the canal, held closed by the finger, banished the redness and discharge in a week.

Another woman, admitted with condylomata at the vaginal orifice and catarrh of the excretory duct of the left gland, was treated by injections into the canal and repeated catheterization of it. Little by little it dilated more than

was expected; at last, there appeared at the orifice a red shining tumour, about the size of a hemp seed, which was considered a condyloma. This was attached to the upper wall of the canal about one-fourteenth of an inch from the orifice. So far as I know, condylomata in this situation have not been described by anybody.

In a case of cyst of the left labium majus, following phlogosis of the gland of that side, with paracentesis through the mucous membrane of the vestibule, there came out about ten drachms of chocolate-looking fluid. After the operation menstruation came on, and the opening closed; and then, in little more than a week, the tumour gained in volume, to arrive at which seven years had before been necessary.

Another woman had a similar tumour on the substance of the right labium, a deep vertical incision, the whole length of the tumour, was made, and about an ounce of liquid, principally purulent, escaped. By a finger in the cavity, it was found to be rounded, without any recesses, enclosed by a thick, rough wall. The wall having been separated from the margins of the wound, a portion, the size of two cents, was cut away, and the rest scraped with a spoon; the cavity was filled with cotton soaked in phenic acid. The cyst was subsequently cauterized and healed up.

A prostitute was discharged cured of vaginitis; twenty-one days after she came back with valvo-vaginal catarrh, with two erosions near the orifice of the left gland. The lower part of the labium was somewhat swollen. After four days she was seen again, and the labium was so large as to partly overlap that of the other side—it was about the size of a pigeon's egg, no fluctuation was detected. Pressure gave great pain, but did not expel any fluid.

In this condition, a small silver probe, very thin in the shaft, slightly curved with the convexity upward. Little by little, it was made to advance about two-thirds of an inch, and on withdrawing it, there escaped about five drachms of pus, almost pure, thick, uniform. It came out without any force, indeed, had to be pressed out. The redness and pain disappeared, and the swelling became somewhat less. The catheterization was practised four days; on the five succeeding days, weak solutions of ni-

trate of silver were injected into the gland, which thus became sound, and the erosions (on which simple cotton had been kept) disappeared.

A similar case occurred during the last few days. From all this it seems that we may conclude:—

1st. That inflammation of the duct is often followed by that of the body of the gland of Bartholini.

2nd. That the latter has a strong tendency to suppurate, with difficulty of outlet.

3rd. That antiphlogistics frequently come too late.

4th. That for maturants, one should substitute, mostly, evacuation by catheterism.

5th. That this operation causes little pain, shortens the duration of the disease, does not deform, and, what is of more importance, does not destroy the function of the gland, and is to the gland itself a prophylactic measure.

Besides astringents and catheterics in liquid form, their use in solid form, and the progressive dilatation of the excretory duct, ought to be taken into consideration.

BRUIT DE SOUFFLE OF PREGNANCY.

(Translated from the *Paris Medical*.)

At the Academy of medicine, Prof. Depaul has undertaken to refute the opinions of Messrs. Bouillard and Glénard on the seat of the uterine *souffle* of pregnancy. We have spoken of this *souffle* in No. 37 of this Journal, and we were the first to call attention to the fact that an artery so small as the epigastric, could not give rise to a *bruit* so loud as the uterine *souffle*. We added that M. Glénard had boldly attributed to the epigastric that which comes from the iliac. The *Gazette Hebdomadaire* and the *Journal des Connaissances Medico-Chirurgicales* have both brought forward the same objection to M. G.'s theory. But as M. G. has himself renounced his idea, there will be no more question of the uterine *souffle* being epigastric. M. Depaul himself presented to the Academy a preparation of the epigastric artery to show the small volume of this vessel compared with the intensity of the *souffle*.

M. Depaul next combats the theory of M. Bouillard, according to which the *bruit* would be situated in the iliac arteries, in which we agree with M. B.

M. Depaul, who places the seat of *souffle* in the arteries of the substance of the uterus, cites in support of this theory, a case of Dr. Rapin, of Lausanne, who states that he caused the uterine *souffle* to cease by compressing with his fingers, the arteries of which he felt the pulsations on the inner side of the neck of the uterus.

There is here an evident mistake, for it is impossible to admit that compression of the arteries of the neck (those which are accessible) can influence the circulation of the sides of the uterus, because these last receive two arteries of considerable volume, and inaccessible to the finger, the utero ovarian. We say, moreover, that if M. Rapin caused the *souffle* to cease by internal compression of the neck, it proves that the *bruit* is not situated in the arteries of the uterine walls which have no relation to the neck of the uterus.

M. Depaul declares his intention of auscultating the uterus of a woman at the moment of opening the abdomen in the operation of cesarian section. It seems to us that this will prove nothing for or against M. Bouillard's theory. We do not believe that the compression of the iliac arteries by the uterus would be sensibly diminished by section of the abdominal walls. M. Depaul makes the following objection to M. Bouillard's theory. It is by no means rare to observe the uterine *souffle* one, two, or three days after delivery. M. Bailly has verified this opinion in 68 out of 78 labours, 15 times on both sides; 13 times on the right, and 26 times on the left side. In the cases when the *souffle* was heard on the left side, the uterus was inclined to the right.

If this deviation was not proved at the autopsy, what can be its signification? Cannot a uterus, still large from the first to the third day after labour, present an irregular and abdominal augmentation of volume on the opposite side to its deviation, and thus compress the corresponding iliac arteries?

We still hold to the opinion that the uterine *souffle* is situated in the iliac arteries.

ARSENIC AND ITS ANTIDOTES.

M. Rouyer, assistant to Prof. Teltz, of the Faculty of Medicine of Nancy, has just published an excellent article, the aim of which is to discover what is the smallest dose of arsenic capable of destroying life, and what the effects of the antidotes recommended. This work is the result of numerous experiments, performed in the laboratory under the supervision of Prof. Teltz. These are the practical conclusions arrived at by M. Rouyer:—

I. ARSENIUS ACID.—A. *Introduced into the blood.*—1st. Very small doses suffice to cause symptoms of poisoning to appear. Gramme 0.0006 to each kilogramme in the weight of the animal (A. grain 0.00926 to every $2\frac{2}{3}$ lbs., Troy weight.) 2nd. Grave symptoms of poisoning, and sometimes death, take place when gramme 0.0023 per kilogramme (A. grain 0.0354 to each $2\frac{2}{3}$ lbs., about) is injected into the blood. 3rd. Death is certain when the dose absorbed reaches grains 0.046 to $2\frac{2}{3}$ lbs. 4th. Death takes place in the space of from 24 to 35 hours when grains 0.0385 are given, and in 8 hours when the dose is 0.046.

B. *In the stomach.*—1st. Grains 0.926 of arsenious acid in solution to the kilogramme ($2\frac{2}{3}$ lbs.), the weight of dogs, injected into the stomach, is enough to cause death in nearly all cases. 2nd. The dose of grains 1.08 to the kilogramme is certain to cause death. 3rd. If poisoning supervened only on administration of a stronger dose, it was much more rapid, and this being relative to a particular condition in dogs, which throws off the poison too quickly. 4th. In poisoning by the average dose of grains 0.926, death ordinarily takes place at the end of 24 hours.

II. ARSENIATE OF SODA.—A. *In the blood.*—1st. The true poisonous dose is grains 0.077 to the kilogramme. 2nd. Below this dose, grave symptoms appear without always causing death. 3rd. The duration of these symptoms is from 12 to 20 hours.

B. *In the stomach.*—The dose of grains 2.3 [?] brings on symptoms of poisoning, but does not always cause death, which, when it does, takes place from 24 to 30 hours after.

III. ARSENIATE OF POTASH. A. *In the blood.*

1st. The poisonous dose is grs. 0.046 per kilogramme. 2nd. In this case death supervenes at the end of seven hours.

B. *In the stomach.* 1st. The poisonous dose is grs. 0.46 per kilogramme, takes place in from 6 to 7 hours.

ANTIDOTES OF ARSENIC. (a.) Hydrated sesqui oxide of iron recently prepared (gelatinous and brown) is an antidote for arsenious acid, but not for the arsenate of potash, nor for the arsenate of soda. (b.) At a longer interval than an hour it is useless to attempt recovery from poisoning by arsenic. (c.) For arsenite of potash, and arsenite of soda the author proposes perchloride of iron in conjunction with magnesia. (d.) The mode of administration is the official solution of perchloride of iron, and a half an hour after magnesia in the proportion of a drachm to $2\frac{3}{4}$ ozs. of perchloride. (e.) This perchloride of iron and magnesia are also an antidote for arsenious acid. Therefore, it is preferable to employ it always in cases of poisoning by arsenic or its compounds. (f.) An hour after the administration of an antidote, it will always be well to employ a purgative, in order to expel the ferrated arsenite which is formed, and as this arsenite is soluble in acids, to avoid acid drinks and lemonades.

A NEW METHOD OF DISPOSING OF THE DEAD.

The dead trouble the living. M. Cruls, ex-officer of the Belgian Engineers, and at present Engineer to the Brazilian Government, proposes a new mode of inhumation; viz., incrustation. Each body is to be encased in artificial stone, which would not allow the escape of liquids or of gas. These blocks, each containing a dead body, would serve to construct mausoleums, monuments of divers forms, which would cover the cemeteries. Each block would cost five francs.

There may be some good in the idea, but one cannot help asking, what would be done with all these blocks of stone when they accumulated in great numbers? If all the dead of Paris were placed in the same cemetery, there would be about 1,000,000 in 22 years, taking 800 as the average rate of mortality per week.

TREATMENT OF SYMPATHETIC OPHTHALMIA.

(Translated from the Paris Medical.)

Dr. Boucheron read a paper before the Society of Biology [!] in Jan., 1876, in which he proposes to replace enucleation of the globe of the eye, by section of the ciliary and optic nerves at the back of the eye. Here is his method:—

Between the external and superior rectus muscles at a centimetre (about $4\frac{1}{2}$ lines) from the corner, he divides the conjunctiva and Tenon's capsule and, with a pair of curved scissors, penetrates between the capsule and the eye. Then drawing forward the globe of the eye, seized near the corner by strong clawed forceps, he stretches the optic nerve, which feels a rigid cord beneath the scissors. The optic is divided and likewise the ciliary nerves and arteries, by means of slight touches of the scissors. A little hæmorrhage is produced, but is easily arrested by gentle compression of the eye.

When the section of the optic and ciliary nerves is achieved, he enlarges the opening in the capsule, and, by the aid of a second pair of clawed forceps, seizes the sclerotic in the posterior hemisphere in front, and this brings to view the section of the optic nerve. Any of the ciliary nerves which escaped section can now be easily divided, as they form a circle around the optic nerve.

He avoids severing the insertion of the recti muscles, in order to spare the anterior ciliary arteries, twigs of the muscular arteries, which again are given off from the ophthalmic. There is thus no hindrance to the establishment of the circulation in the eye by the anterior vascular system. And, moreover, in sparing the recti muscles, the eye retains its position and normal movements.

Indications for the operation. This operation can be substituted for enucleation in all cases, at least when suppuration of the eye is not certain. But above all, the great advantage of this operation is the power of applying it in a preventive manner. The International Ophthalmological Congress of 1872 has accepted its principle, that the enucleation of a wounded eye ought to be performed immediately, if we wish to avoid attacks, often irremediable, of Sympathetic Ophthalmia. This radical and terrible means has not entered into general use.

“We hope (says Dr. Boucheron) that this operation, so simple, so inoffensive, and so conservative, which we propose, will in many cases render important services, both to the sufferer and to the practitioner.” Assuredly the operation proposed by Dr. Boucheron appears preferable to enucleation of the eye if the results are considered, but is our *confrère* certain he can stop sympathetic ophthalmia by these means? We would have liked to find in this communication, either observations or experiences which would prove that the section of these nerves would suffice to stop the propagation of sympathetic ophthalmia. If the eye continues to be nourished by these anterior ciliary arteries, it is probable that they carry to the globe of the eye filaments from the great sympathetic.

ON THE MOVEMENTS OF THE BRAIN.

Extract from M. Salathes' paper, read before the Academy of Sciences, Paris, June, 1876.

(Translated from the Paris Medical.)

Having trephined in the skull of the animal an aperture of two centimetres in diameter, he applies to the opening thus obtained, a tube of glass of the same diameter, the lower part of which is held in place by means of a little fixture of brass furnished with a screw. This tube is closed above by a stopper of caoutchouc, traversed by a small glass pipe which terminates in a little piece of caoutchouc tubing, communicating with a lever drum. Liquid is poured into this apparatus in such a manner that its level corresponds to the middle part of the smaller glass tube. In this way the finest oscillations of the liquid are seen by means of the indicator of the drum, which marks them on a registering cylinder, on which he can note at the same time the tracing of the respiration or of the heart.

(1) The oscillations of the liquid as regards respiration, feeble and sometimes absent in calm breathing, become very pronounced during violent efforts, shouting, etc. (2) The respiratory oscillations observed simultaneously at the skull and at the spine, are synchronous. (3) Artificial respiration reverses the order of the oscillations, the liquid rising in respiration and falling in expiration. (4) The oscillations depending on the cardiac systole, which can be in

part or completely hidden in the case of exaggerated breathing, give a tracing similar to that of the pulse. (5) Different postures have a great influence on the intra-cranial pressure, which is shown by the marked change in the level of the liquid, which rises considerably when the hinder quarters of the animal are raised, and falls when they are lowered. (6) Anæsthetics modify the phenomena in two ways, either in abruptly suppressing the respiration, and as a consequence, the oscillations depending on it, or by suppressing these last and equalizing the respiration.

INTRA-UTERINE SUTURE.

(Translated from the Paris Medical.)

Dr. Earnest informs us that, after labour lacerations are produced in the neck of the uterus, the consequences of these, though very important, have not, as yet, attracted the attention of medical men. The edges of the wound separate and curl outwards, forming a sort of ectopy. From the separation of the edges of the lacerations result: Profuse leucorrhœa; abundant menstruation, and at last, general pains. The Dr. treats these lacerations as follows: He closes the fissures by means of deep sutures, taking out the stitches the eighth day. The results are very satisfactory.

For our part we are not afraid to say, we do not believe in the possibility of the application of a suture in the neck of the uterus, and furthermore, do not believe in the importance of these intra-uterine lacerations, and we ask the author how he has been able to verify the existence of lacerations in an unexplorable region.

A return made by Mr. Simon states that the following reports are in preparation with a view to their being laid before Parliament:—Two reports by Dr. Klein on the intimate morbid changes occurring in scarlet fever, and in the enteric fever in swine; a further report by Dr. Sanderson on the process of fever, particularly with reference to the constitution of the pyrogenetic ferment in septic infection; a further report by Dr. Creighton on anatomical studies with reference to cancer; and a further report by Dr. Thudichum on the chemical constitution of the brain.

THE CANADIAN

Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending their addresses to the corresponding editor.*

TORONTO, SEPTEMBER, 1876.

THE CANADIAN MEDICAL ASSOCIATION.

It may be wondered, in view of the value of the papers read at the meetings of the Association, and of the remarks elicited from some who took part in the discussion of them, and of the interesting nature, scientific and social, of the whole proceedings, why we should have to try and beat up a larger attendance of our medical brethren.

It unfortunately happened, shortly after the formation of the Association, that certain questions of medical politics were introduced at its meetings, and these so engrossed the attention of members that practical and scientific papers were almost shut out. Besides which, the discussions resulted in a certain amount of bitterness and sectional feeling, and altogether had a most pernicious effect upon the Association, and the objects for which it was formed. Some two or three years ago, however, the members of the Association saw the mistake that had been made, and resolved to lay such questions aside, and since that time the character of the meetings has again changed, and valuable papers are being written and read at them. There is surely no profession or calling that has before it so vast and noble a field for constant and painstaking observation, thought, and research, nor is there any art or science of which the cultivation and advancement is so important to the human race. What powerful agents such Associations are, and how much more powerful this Association may become, in developing this culture and pushing on this advance, is well set forth in the portion of the late President's

address, which we have given *verbatim*. They are the highest schools of mutual instruction in medicine, and to them members come, to impart the results of their own thought and observation, and carry away with them an additional stock. It may be said that we can do just as much at home, but this is not the case, for views may need to be criticised, compared with those of other authorities, either present or absent, and corrected, and learners may want to get further light on some obscure point, or elicit from the investigator something he has not thought of writing, and may, in so doing, suggest to him some new point. Thus in a few hours a subject goes through a sifting process which would take months, and even more, of scattered reading to accomplish otherwise.

We would like to see each member come fully alive to his responsibility as a co-worker in the grand aims of the medical profession, and large numbers of them with something new and important to impart, put in the briefest form, compatible with justice to the new fact or new form of putting it. In this way each, while doing what is really his part in a great work, would be fully alive to the great value of the time at the disposal of the Association, and while imparting knowledge when he had it, would refrain from wasting the time of himself and others by saying in many words what has been said over and over again, or bringing forward facts well and generally known. It might, possibly, be well if those intending to read papers would, a few weeks beforehand, send to the journals the title of their papers, so that others could be ready to compare notes.

The Association is not the exclusive property of any one man, or of any set of men; if, therefore, something is done, or left undone, to the displeasing of any member, let him not on that account remain away, but if something has gone wrong, let him use his influence to set it right, and let him try *first* to do it calmly and quietly, and not suppose that the misdeed has been done purposely against him. At the recent meeting there was a scarcity of the names of members from the country places on the list prepared by the nominating committee. This, we believe, was entirely due to inadvertence, and to the

fact, that the more isolated men are apt to be overlooked, even by one another, than those with whom we come in daily contact. Had the gentlemen who drew attention to the circumstance, considered the matter from all points of view, we think they would have agreed with us and approached the matter in a milder way.

We hope to see at the future meetings of the Association a still further increase of members, good-fellowship, and usefulness—a constant pushing on to the goal as successive years go by.

MINERAL WELLS OF TORONTO.

As many persons in this city are very proud of the possession of so-called mineral wells, we take the liberty of placing before our readers an analysis of the water of one of them, kindly furnished by Mr. Hayes, of the School of Practical Sciences, merely saying that the well in question is connected with a block of new stones recently erected and owned by one of our most prominent aldermen, and that we are attending, at the present time, in the family who occupy the premises, one case of typhoid fever, one case of dysentery, and two cases of diarrhoea, with more than usual gastric disturbances and prostration.

Mr. Hayes says (what would strike anyone at a glance) that the water is altogether unfit for drinking purposes. His report is:—Total soluble matter, per gal., 153 grs.; chlorine, 18.5 grs.; free ammonia, parts 1,000,000, 1.12 grs.; albuminoid ammonia, .36 grs.

The young man who has the fever, was in the habit of drinking larger quantities of the water thus contaminated with sewage, than other members of the family, under the impression that the more he drank the better it would be for him.

MEDICAL ASSOCIATION.—ENTERTAINMENT BY MR. AND MRS. BICKFORD, AT GORE VALE.—After the adjournment of the annual meeting the members of the Association availed themselves of the kind hospitality of Mr. and Mrs. Bickford, at an "At Home," given by Mrs. Bickford at Gore Vale. The grounds were abundantly illuminated with Chinese lanterns.

whilst the moon seemed to shine her loveliest for the occasion. The drive up the long avenue of lofty spreading trees, hung with lamps, was very pretty; but when sauntering by rustic steps, paths, and bridges, down the slope, across the stream and round the little lake, in which were reflected the house, conservatory, and innumerable coloured lights—whilst the sounds of distant music, mingled with the plashing of the water came floating in the air—one could almost imagine oneself back amid the fairy tales of years gone by. From this, however, we were soon awakened by a noble appeal to the sympathies of the inner man; and this and other like pleasing duties being gone through with, we took our leave after spending an extremely pleasant evening.

PASS AND PLUCK.

We cull a few items of interest to Canadian medicees from the Report (*Med. Times and Gazette*) of the Court and Board of Examiners of the Royal College of Surgeons, England, for the year 1875-76, showing the number who have passed and have been rejected from the various medical schools during that period:—

Primary Examinations.				
Medical School.	Totals.	Number passed.	Number plucked.	Percentage of rejec'ns.
St. Bartholomew's	98	73	25	1 in 3.96
Guy's	87.50	60	27.50	" 3.18
University College	78.60	45	33.60	" 2.34
St. Thomas's	67.50	35.50	22	" 2.61
London	48.66	20	28.66	" 1.70
St. George's	33.00	20	13	" 2.53
Edinburgh	19.66	13	6.66	" 3.05
Dublin	11.83	6.66	5.50	" 2.15
Toronto	8.50	7.50	1	" 8.50
Glasgow	5.50	3.50	2	" 2.75
Montreal	3	3	—	" 0.00
New York	2.50	—	2.50	" 1.00
Pass Examinations.				
University College	78.91	66.58	12.33	1 in 6.39
Guy's	77	59	18	" 4.37
St. Bartholomew's	63.75	49.75	14	" 4.53
St. Thomas's	41.41	35.58	5.83	" 5.10
St. George's	27.50	22	5.50	" 5.00
London	21.50	16.50	5	" 4.30
Edinburgh	17.50	14	3.50	" 5.00
Dublin	5	2	3	" 1.66
Toronto	4.66	2.83	1.83	" 2.54
Glasgow	3	1	2	" 1.50
Montreal	1.33	1.33	—	" 0.00
New York	.50	.50	—	" 0.00
From 31 Schools, Primary Examinations, Totals.	700	443	257	1 in 2.72
From 43 Schools, Pass Examinations, Totals.	408	377	121	" 4.11
From Canadian Schools, Primary Examinations, Totals.	—	—	—	" 11.50
From Canadian Schools, Pass Examinations	—	—	—	" 3.37

An exhibit of which we have no reason to be ashamed.

Book Notices.

Medical and Surgical Memoirs, 1855-76. By JOSEPH JONES, M.D., Prof. of Chemistry and Clinical Medicine, University of Louisiana. Vol. i.

This volume "relates chiefly to diseases which are confined more or less to special anatomical divisions of the human body, as the nervous, circulatory, respiratory, and osseous systems," and exhibits on the part of its author a most indefatigable zeal in research and collection of material, and does really contain a large amount of useful, interesting, and amusing matter, with a great deal that does not appear very relevant to the subjects treated of, but all mixed up in the same chapter in such a way as to constitute a most delightful medley.

The chapter devoted to "investigations on the nature, causes, relations, and treatment of traumatic tetanus," consists of 266 pages, and embraces a full account of *all that has ever been written on that subject*, a pretty full account of the various theories of epilepsy that have heretofore prevailed throughout the world, long reports of cases of insanity, an account of Sir Humphrey Davy's cure of paralysis by the thermometer bulb under the tongue, Prof. Woodhouse's experiment of producing all the effects of nitrous oxide by the administration of pure air, besides reports of cases of paralysis and syphilitic lesions of the brain, with nearly six pages of very small type, embracing an account of witchcraft as it existed in the West Indies prior to 1760, and an account of Perkinism and other delusions, most of which were to be found in Dunglison's Therapeutics twenty years ago, but which, as far as we can see, have no very obvious relation to "traumatic tetanus."

The author has utilized the material furnished by the civil and military hospitals of the South during the late civil war, and has, no doubt, produced a work that will prove of service to the profession there.

His chapter on Spinal Meningitis, which appears to have been rather prevalent in the Confederate army, as well as on the plantations, is very interesting, both in regard to the general history, and the *post mortem* appearances of the disease. The author gives a synopsis of the

treatment pursued by every one who has ever written about it, but appears to favour general blood-letting in the beginning of most acute cases, a practice in which he has few followers among Northern practitioners at the present day.

To a person who has the time and patience to separate the wheat from the chaff, these memoirs will afford a considerable amount of information and amusement, but the volume before us reminds one of a very old man trying to tell his grandchild all the incidents of his long life, during an evening's chat.

We hope the two succeeding volumes will be more condensed and practical, and not have their otherwise really beautiful pages sullied by making them the vehicle for the distribution of a defence of that blot on the civilization of our age, "the military prison of Andersonville and its fiendish commandant, Wirz."

Orthopedic Surgery — Deformities of the Lower Extremities. By Van S. Lindsley, M.D. Read before the Medical Society of Tennessee, April, 1876.

A Clinical Lecture on the use of Plastic Dressing in Fractures of Lower Extremity. By David W. Yandell, M.D., Prof. of Surgery, University of Louisville.

Notes on Syphilis in the Insane. By Julius Mickle, M.D., Medical Superintendent, Grove Asylum, London.

Gastrotomy and Gastrostomy. By J. H. Porley, M.D., Professor of Surgery, Starling Medical College, Columbus, Ohio.

EASY METHOD OF GETTING RID OF THE MUCUS ADHERENT TO THE NECK OF THE UTERUS.—By Prof. Pagot.—(*Translated from Paris Medical.* Dip a brush of lint into the yolk of a fresh, raw egg. Stir it in the mucus, throw a little water once or twice into the speculum, still gently stirring the lint, then draw off the water, and dry the neck of the uterus. It is then found to be so completely wiped that it appears to be cleaned of all secretions.

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION ANNUAL MEETING.

The ninth annual meeting of the Canadian Medical Association opened at ten o'clock, on the 2nd ult., in the Council Chamber, City Hall, the President, Dr. Hodder, occupying the chair. The first business taken up was the reception of new members.

The following gentlemen were elected: Drs. Graham, Playter, Grasett, Barrett, F. Wright, Buchan, Agnew, Robertson, Greenlees, and Reeve, of this city; Dr. Tye, Thamesville; Dr. A. MacDonald, Guelph; Dr. Moore, Brampton; Dr. Osler, Montreal; Dr. Howland, Huntsville, and Dr. Strange, of Aurora.

Dr. Cowan, of Hamilton, and Dr. Abbott, of Chatham, presented themselves and were received as delegates.

The Association adjourned till two o'clock.

AFTERNOON SESSION.

The President took the chair at two o'clock, there being a large attendance of the profession, among whom were several prominent medical men from the United States. Drs. White and Brush, of Buffalo, were introduced to the Association, and cordially invited to take part in the proceedings.

Dr. WHITE, in acknowledging the compliment, referred to the importance of mutual conference and association between medical men and the fact that the practice of medicine was cosmopolitan. He trusted that more intimate relations would in future subsist, not only between city and country practitioners, but between the medical men of the United States and Canada.

The following members were then elected:—Drs. Graham, Reed, Hage], J. S. King, J. Carroll, Britton, Toronto; J. Rosebrugh, Hamilton; Robertson, Milton; Philip, Watertown.

THE PRESIDENT'S ADDRESS.

Dr. HODDER, as President of the Association, delivered his address. He congratulated the members on the interest they took in the Society as was evinced by the large attendance, and took this opportunity of offering a hearty welcome, on behalf of the medical men of Toronto, to the delegates from the United States, and invited them to join in all the discussions and debates, and to consider themselves in every particular as members of the Association. He alluded to the success that had attended the formation of medical societies, and the gatherings of medical men for scientific

purposes in other countries, and thought the results ought to stimulate the profession of the Dominion to meet in large numbers at the meetings of the Association. His remarks on this subject were so pertinent that we give them more *in extenso*.—

“When we consider the vast amount of practice and observation which is daily and hourly going on, not only in the larger cities but in the surrounding districts of the Dominion, we cannot but feel with regret that an enormous fund of valuable information and experience is and has been allowed to run almost entirely to waste for a long succession of years. By joining such an Association as that which I have the honour to preside over this day, the numerous body of our professional brethren extensively engaged as general practitioners, who spend long and active lives in the practice of their profession, would undoubtedly be able to contribute inexhaustible stores of medical experience of the highest interest and value, and which, but for such a society, would remain uncommunicated, and therefore lost to the profession. The local medical societies do some good, but the results of their meetings are rarely published, and therefore many valuable cases never meet the eyes of the profession generally, and are thereby lost to the world. There is, however, one point of very considerable moment to which I beg to draw the attention of the younger members of the profession:—Many young practitioners are deterred from publishing or bringing before an association or society cases of interest which occurred in their practice, from an erroneous supposition on their part that it is necessary to work them up into the form of an elaborate essay. In nothing are they more deceived; the plain and truthful narrative of a single fact is of infinitely more value than a thousand theories. Wisely, then, did this Association when they met last year at Halifax limit the time for the reading of papers, by which, I trust, many members will be induced to send in communications which otherwise they might not feel disposed to do. It is only therefore in an Association such as this that the accumulated experience of a large body of the medical profession in this Dominion can be properly collected and concentrated, so as to turn such inestimable stores of knowledge to good account, and render them available and useful to the profession at large. When we glance over the medical literature of former years, not only of Great Britain and the Continent but of the United States—what, I would ask, are the works which have stood the test, of time, and which among the numerous changes produced by improving and increasing knowledge are

still “lasting monuments,” while systematic and, for their time, learned works have long since sunk into oblivion?—it will be found that those simple records of the experience of long lives, devoted with ardent zeal to the cultivation of medical knowledge, retain their value unto the present moment, and will doubtless continue to be consulted and referred to by succeeding generations, as mines of invaluable practical information. Now, if the practice of one man, as in the case of Hunter, Harvey, Smellie, and a host of others, can produce recollections of facts which have immortalized their names and conferred lasting benefits on every department of the healing art, how much more useful and important will be the combined efforts of hundreds of fact-collectors, concerning all the results of their practice and their observations, thrown into one great depository, viz: the Canadian Medical Association. If I have tired your patience, gentlemen, by dwelling too long upon what appears to me to be the great object and what will form the great strength and importance of this association, I mean the collecting of valuable facts on questions of medical and surgical practice and public hygiene, I beg your indulgence; and yet there is another point which I must not omit, I mean the effect these meetings have on our social position. It brings together the members of the medical profession, it enables us to know each other, it binds us together with a social bond which must ever be not only a source of sincere satisfaction but of mutual improvement and advantage. The friction of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has been moved by the same impulses, agitated by the same fears, excited by the same hopes, and elated by the same successes, who has felt the responsibilities, and experienced the hours of painful anxiety in the treatment of difficult and dangerous cases, not to derive consolation and benefit by consultation and communication with his professional brethren.”

He then proceeded to allude to some of the new discoveries which had taken place during the year in the practice of medicine, surgery, and midwifery.

Among other matters he reported some cases in which Prof. Thomas had successfully transfused milk, an operation which was first performed by the President during the great cholera epidemic in this city, and with the most beneficial results. It was of great importance to remember that milk may be used as a substitute for blood in transfusion, for, besides being always more accessible, it

might, in cases of epidemic among the human family, be preferable, as we cannot in such a case be certain that the blood to be injected is free from the germs of the disease it is intended to combat.

The treatment of fibroids of the uterus by hypodermic injections of ergot was also alluded to, Dr. Hodder having found great benefit from it. The address concluded with a reference to the serious losses which the medical profession and the world at large had met with by the death of a very large number of distinguished men. Great Britain had lost Bennett, James Clark, Latham, Headland, Sir George Gibbs, Letheby, Donovan and many others. Germany had lost Prof. Franke; France had lost Andral, Levain, Ballard, Duchesne; while the medical ranks of Canada had lost Dr. Cole, of Clinton, Dr. Yates, of Kingston, and Dr. Beaumont, of this city.

In the remarks which followed the reading of the paper, Dr. Trenholme stated that the use of the injections of ergot had not yielded the same happy results with him; and that in some cases when the fibroids had been inaccessible, he had with good result removed the ovaries to check their growth. In one case he had operated for their removal *per vaginam*.

After some further remarks a vote of thanks was tendered to the President for his address.

NOMINATING COMMITTEE.

Drs. Canniff, Thorburn, Trenholme, Robillard, Temple, Rosebrugh, Osler, David, Strange, and Zimmerman were appointed Nominating Committee.

It was moved and seconded that Dr. Philip, of Watertown, be elected a member. Carried.

CRIMINAL INSANITY.

Dr. Joseph Workman was then called on and read a paper with the above title.

This paper (being one of great practical importance to the public at large as well as to the profession) has already been published in full by the author in the secular press. We will merely say in brief that, among other points, it raised certain questions in connection with the "epidemic of crime," which has been raging in this province, its relations to insanity, and some of the causes which tended to increase and spread it. In dealing with the latter part of the subject the doctor read a severe lesson to those journalists who are in the habit of hashing up the most disgusting details to tickle the morbid tastes of their readers, and make their papers sell, and who thus excite the weak-minded, and incite the "imitative instinct" to the commission of crime. He also rebutted the self-

assurance of certain of them who assume to know more about insanity, and in fact about any other subject, than those who may have made such subject a special study. He spoke, too, of the rash haste with which men whose sanity was a matter of doubt had been hurried to trial, and to the gallows, and that in opposition to scientific opinion. He also threw out some hints of value to the practitioner who may chance to find himself in the witness box, for example, that it is not the bounden duty of the witness to help furnish questions as well as answers, and that he must be in no hurry to answer till he gets a definite, intelligible question, one which will not leave his interrogator at liberty to misconstrue the answer.

The paper being one which will well repay perusal, we would refer our readers for a full report to the *Leader* of the 9th ult., or to the *Mail* in two consecutive numbers about the same date.

Dr. HINGSTON spoke in high terms of this valuable paper. In the course of his remarks he suggested that medical men should be shy of giving opinions in these *causes celebres*, except on such points as they were specially familiar with. In this way they would avoid throwing discredit on their own knowledge as well as on the opinions of those more specially versed on the points under discussion.

Dr. KINCAID, Peterborough, said he had noticed in a city paper a letter respecting the Fox case from a student of medicine, who was now a school-teacher, the communication tending to lead the people to doubt scientific evidence on the subject of insanity. Dr. Workman, Dr. Dickson, and another medical man held that Fox was not insane, while the people of the locality, especially the clergy, held he was insane. The writer of the communication indicated that the result of the *post-mortem* examination was that evidence was discovered of disease of the brain; but the certificate signed by the medical men present at the *post-mortem* examination stated that Fox's brain was found to be perfectly sound and well developed, showing no organic disease leading to insanity.

After some remarks by other members, a hearty vote of thanks was accorded to Dr. Workman for his paper.

Dr. HORNIBROOK, Mitchell, said he thought the system which prevailed in France was the correct one. He would move, "That in the opinion of this Association it would be desirable that in all cases of alleged murder, where the plea of insanity is raised, the accused should be placed under the supervision of one or more experts, until the existence or non-existence of insanity is determined."

Dr. ROBERTS said the result of that would be

that the plea of insanity would be raised in every case of murder.

Dr. WORKMAN said he thought the contrary would be the result.

Dr. CANNIFF suggested that the resolution should be left as a notice of motion.

It accordingly stood over.

Dr. THORBURN remarked that Mr. Blake, when in the Ontario Government, had made a proposal that scientific matters of that kind should be dealt with by scientists. The matter was, however, allowed to drop.

AUDITORS' REPORT.

Drs. Oldwright and Trenholme reported that they had audited the Treasurer's books and vouchers and found them correct.

Dr. STRANGE then read a paper on

OVARIOTOMY,

In which he referred more particularly to the various methods of treating the pedicle, and exhibited the clamp and iron for the delete cauterly, for which he seemed to have a preference.

Dr. WHITE, of Buffalo, was called for, and, in moving a vote of thanks for the paper, stated that his treatment of the pedicle varied according to the character of it, and the necessities of the case.

After re-assembling for the

EVENING SESSION

the paper was again under discussion, and a vote of thanks was accorded to Dr. Strange for it.

Dr. J. ROSEBRUGH, of Hamilton, then read a paper on

THE PHYSIOLOGY OF MENSTRUATION,

and produced specimens of membranes, cast off from the uterus of a patient of his while menstruating.

Dr. OSLER offered a few remarks on the subject, which then dropped.

VITAL STATISTICS AND PUBLIC HYGIENE.

Dr. CANNIFF moved, seconded by Dr. TRENHOLME, "That the following Committee be appointed to prepare a memorial to the Dominion Government with respect to vital statistics and public hygiene:—The President, Drs. Hingston, Workman, Clarke, Playter, Canniff, and Oldright."

Dr. RIDDELL thought the first question to be decided was whether the subject of vital statistics came within the scope of the Dominion Parliament or Provincial Legislature. In Old Canada a law prevailed calling for certain statistics to be made to the Board of Statistics, but one of the first acts of the Ontario Legislature was to do away with the obligation to send statistics to Ottawa and to pro-

vide that such should be sent to the officers of the Provincial Government.

After a great deal of discussion the motion was carried and the meeting adjourned.

SECOND DAY.—MORNING SESSION.

The following new members were elected:—Dr. Pollard, Dr. W. Metcalfe, Dr. McGregor, Dr. Bell, Dr. Sheppard, Dr. Brown, Dr. George Ross, Dr. Fuller, Dr. Garden, and Dr. Roddick, of Montreal; Dr. Cobbett, Dr. Hodder, jun., Dr. Holmes, Dr. J. Frazer, Dr. R. A. Corbett, Dr. Baynes, and Dr. Wilkins.

VITAL STATISTICS.

Dr. RIDDELL laid on the table the various Acts with reference to vital statistics. He also produced copies of the schedule of registration of births, deaths, and marriages.

Dr. GEIKIE read a paper on a case of GASTRIC ULCER AND SUPPRESSION OF URINE.

The patient, a young lady, having voided no urine for thirty consecutive days.

Dr. TRENHOLME, Chairman of Committee, read the

REPORT ON GYNÆCOLOGY.

In which the treatment of fibroids was taken up. As also some of the causes of uterine congestions and displacements, and reference was made to the effect of dancing just before, during, and after the menstrual period, to the exciting literature of our young girls, their late hours, and other bad habits. The chairman referred to some new instruments, some of which he exhibited later.

During the discussion on the paper, members expressed their appreciation of the manner in which Dr. Trenholme had always discharged his duties in connection with this committee.

The meeting then adjourned.

AFTERNOON SESSION.

The Association re-assembled at 2:15.

The following were elected permanent members: Drs. E. Baldwin, Archibald, Berryman, Pyne, Cobbett, Hodder, jr., Holmes, John Fraser, Robert Corbett, and Baines.

Dr. GRASSETT read a paper on

ANTISEPTIC SURGERY,

Describing Lister's method, which elicited the usual discussion as to the relative amount of credit due to cleanliness and to carbolic acid, which has occurred at several meetings of the Association.

Two new features were, however, brought out by Dr. Grasset's treatment of the subject, more clearly

than we have seen it brought out before : first, that Lister did not maintain that carbolic acid in direct contact with a wound lessened the amount of sup-puration, (rather the reverse), but that it must be applied as a sentinel at the opening of the wound to prevent the ingress of air laden with pyogenic germs ; secondly, Dr. Grasset gave a short history of the experiments and observations which led Lister to promulgate his " method."

A vote of thanks was tendered to Dr. Grasset.

The order of business was then suspended in order to receive the

REPORT OF THE NOMINATING COMMITTEE.

Dr. Thorburn submitted the report of the Nominating Committee, which, after certain suggestions by members, was passed as follows :—President, Dr. Hingston, Montreal ; Vice-President for Ontario, Dr. Workman, Toronto ; Vice-President for Quebec, Hon. Dr. Ross, Quebec ; Vice-President for New Brunswick, Dr. Bayard, St. John ; Vice-President for Nova Scotia, Dr. Moran, Halifax ; Secretary for Ontario, Dr. Zimmerman, Toronto ; Secretary for Quebec, Dr. Russell, jun., Quebec ; Secretary for New Brunswick, Dr. Herrington, St. John ; Secretary for Nova Scotia, Dr. Almond, Halifax ; General Secretary, Dr. David, Montreal ; General Treasurer, Dr. Robillard, Montreal.

Committee on Medicine—Drs. Ross (Montreal), Sweetland, and Mullin.

Committee on Surgery—Drs. Richardson, Old-right, and Kincaid.

Committee on Obstetrics—Drs. Ross (Toronto), Strange (Aurora), Rosebrugh (Hamilton).

Committee on Therapeutics—Drs. Fulton, D. Clarke, and Hornibrook.

Committee on Necrology—Drs. Osler, Graham, and Farrel.

Committee on Medical Education and Literature—Drs. Howard, Hodder, and Parker.

Committee on Climatology—Drs. Marsden, Bain, Playter, Rosebrugh (Toronto), Larocque, Canniff, De Witt Martyn, Botsford, Tye, and (Halifax).

Committee on Publication—Drs. F. W. Campbell, Osler, and David.

Delegates to American Medical Association—Drs. Grant, Sweetland, Hingston, David, Fulton, Thorburn, Marsden, and Russel, sen. (Quebec).

Delegates to International Medical Congress—Drs. J. Ross, F. H. Wright, McDonald, Mallock, Grant, Brouse, Workman, Dickson, Osler, Williams, Craig, Russel, jun., Wickwire, Canniff, and Yeomans.

VOTE OF THANKS.

On the appearance of the Mayor a hearty vote

of thanks was given to him and the Council for their kindness in lending the Council Chamber for the use of the Association. His Worship duly acknowledged.

Votes of thanks were also given to the various railroads and the Richelieu Navigation Company for the reduction of fares.

Dr. HINGSTON thanked the Association for the honour conferred upon him, and he expressed his intention of doing his best to meet the approval of those who had placed confidence in him.

The following new members were elected : Dr. Pyne, Dr. Berryman, and Dr. Archibald.

THE NEXT MEETING.

Dr. OSLER moved that the next meeting be held in Montreal on the second Wednesday in September.

The motion was carried, and a Committee of arrangements was appointed.

MEDICAL EDUCATION.

Dr. HINGSTON read the report of the Committee on Medical Education, to the effect that as the question of medical education was under the consideration of the Legislatures of Quebec and Ontario the Committee recommended that the education and examinations in the Provinces be the same, so that licentiates of one Province would have the privilege of the other Province.

The Dr. then moved, seconded by Dr. Canniff, the adoption of the

REPORT OF COMMITTEE

appointed last night to memorialize the Dominion Government in the matter of

VITAL STATISTICS,

which recommended the following as the substance of the memorial :—

The Canada Medical Association being of opinion that the sanitary laws at present in existence in the Dominion are insufficient to meet the requirements of public health, that a system of public hygiene must embrace an acquaintance with vital statistics, that the importance of that knowledge is recognized elsewhere, and that in countries not more favourably situated than Canada systems more or less complete of vital statistics obtain, and sanitary laws have been enacted and enforced ; the Association therefore pray that if it be within the scope and power of the Dominion Parliament such a comprehensive scheme be introduced as will supply a much-felt want and to the members of the profession throughout the Dominion, and other scientific persons, additional means of acquiring a more ex-

tended knowledge of the more prevalent diseases and establishing comprehensive laws relating to public health.

The motion was carried.

EXEMPTION FROM TAXATION.

A communication was read from Ald. Hallam asking the co-operation of the Association in petitioning the Legislature for the abolition of tax exemption. As it was shown that the subject was one which did not come within the objects of the Association the letter was laid on the table.

PAPERS.

The papers which were to have been read by Dr. Yeomans, of Mount Forest, and Dr. Oldright, were, at the request of those gentlemen, not read because of the lateness of the hour.

Dr. REEVE, Toronto, read an interesting paper on

OTOLOGY,

giving a review of the growth of this department of surgery, and the improvements in it to the present day. The paper was illustrated by the exhibition of a complete armamentum of otological instruments and a description of their uses.

After a few remarks by Dr. ROSEBRUGH, a vote of thanks was tendered to Dr. Reeve for his paper.

VOTE OF THANKS.

The President then left the chair, after which the thanks of the Association were, on motion of Dr. Sweetland, seconded by Dr. Workman, presented to Dr. Hodder for his conduct in the chair.

Dr. TRENHOLME moved the thanks of the members of the Association for the reception they had given to their visitors.

The motion was seconded and carried unanimously by the members.

On motion of Dr. WORKMAN, seconded by Dr. Roseburgh, votes of thanks were passed to the General Secretary, Dr. David, and the Treasurer, Dr. Robillard.

The Association then adjourned.

APPOINTMENTS.

J. B. Mills, M.D., of Springfield, to be an Associate Coroner in and for the County of Elgin.

J. Robinson, M.D., of Fort Francis, to be Commissioner, *per dedimus potestatem*, for the District of Thunder Bay.

Jas. B. Campbell, of the village of Belmont, Esq., M.D., to be an Associate Coroner, in and for the County of Middlesex.

Miscellaneous.

A Russian traveller, Colonel Prejevalsky, who has recently penetrated into the interior of Mongolia, has obtained most conclusive evidence as to the character of medicinal rhubarb. It seems settled, from his observations, that the root is that of *Rheum palmatum*.—*Chemist and Druggist*.

SALICYLIC ACID IN DIPHTHERIA.—Dr. J. Lewis Smith has within the past few months been testing the efficacy of salicylic acid to check the blood changes in diphtheria. The result of his observations is that it is obviously without avail, even in cases where there is tendency to renal complication and where it was supposed most good would result.

ALCOHOL.—A patient suffering from alcoholism stoutly refused to take bromide of potassium or any other "confounded medicine." Twenty grains were dissolved in a glass of milk, which he drank readily. Since then I find that twenty grains are entirely disguised by one ounce of milk. I have also found milk a very useful liquid to "wash down" salicylic acid wafers. It has always in my hands prevented the burning in the stomach which is so often produced when the acid is given in large and oft-repeated doses.

COMMUNATED FRACTURE OF THE ULNA; AMPUTATION; TREATMENT BY THE OPEN METHOD; OBJECTION TO IT.—A workman in a planing-mill received an extensive injury to the ulna and muscles by having his arm dragged within the rollers. On admission to hospital the ulna was found shattered to within three inches of the olecranon. Amputation at the elbow was performed by the house surgeon, Dr. C. P. Smith, and stump allowed to remain open. The case did well; but, when it was considered proper to bring the flaps together, it was found that they were too long, and a portion of them had to be removed. It would seem that one marked objection to the open method of treating stumps consists in the uncertainty of estimating the proper amount of flap to make in

order to guard against the contraction which will of necessity result. In the above case the mistake was on the safe side.

THE PRESERVATION OF ICE AT THE BEDSIDE.

For some years it has been the practice of Mr. Sampson Gamgee to cut a piece of flannel about nine inches square and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours; all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup; otherwise it holds the water and facilitates the melting of the ice, which is, nevertheless, preserved much longer than in the naked cup or tumbler. A reserve supply outside the bed-room door can be secured by making a flannel cup, on the plan above described, in a jug, and filling it with little lumps of ice; care being taken that there is space enough below the bag to allow the water to collect and leave the ice dry. This provision will allow ice to be used during the hottest night without the supply failing or the patient being disturbed—two very important considerations. The real therapeutic benefit of ice is only produced in some cases by its free use, and its soothing and stilling effect must be aided by the most perfect surrounding quiet.—(*Lancet*, June 10.)

PROFESSOR KOEBERLE, OF STRASBURG.—A correspondent of the *Allg. Wein. Med. Zeit.* (No. 20), gives some interesting particulars of this celebrated surgeon, to whom he recently paid a visit at Strasburg. He graduated with great distinction in that university, manifesting great proficiency in almost every branch of medical and surgical knowledge, and was soon appointed Professor of Anatomy. He is, in fact, a kind of universal genius, for it is difficult to name a

branch of knowledge with which he is not acquainted. He is not only a good painter and sculptor, but also an excellent machinist and architect, and is as good a microscopist and chemist as he is a turner. For this last occupation he has a well-appointed workshop; and all the casts taken from the cases he has operated upon come from his own modelling-room. He manufactures, himself, most of the surgical instruments which he uses. His garden, which in the season produces fruits so early that they might seem to be grown in Algeria, is also his own work. The house which he has built is a model of house-building, and is adorned with sculptures from his own chisel. The 250 ovariectomies which he has performed since 1862, with almost incredibly successful results, are eminently his own work. It would seem incredible to those who have not seen him at work in his turnery, his smithy, and his studio, that such an amount of work could have been got through by the hands of a man who is scarcely fifty years of age, and who is in the receipt annually of 300,000 fr. for his ovariectomies and other surgical operations.—*Medical Times and Gazette*.

REDUCTION OF PARAPHIMOSIS.—Alfred Ed-
dowes, M.B. and C.M. (*British Medical Journal*), says:—"For the last two years I have been in the habit of reducing paraphimosis by the following plan: Take a strip of wet lint about an inch or two inches wide, and envelop the glans and œdematous prepuce in it, allowing the lint to reach in front of the glans; then take a piece of elastic, the best being the ordinary round elastic ligature, and commence winding it round the glans from before backward. Adjusting the elastic evenly and firmly is easily managed, if the lint be allowed to reach beyond the glans in front, so as to give a starting-point for the elastic to catch hold of. If the swelling be very great, it is better to apply the elastic lightly at first, allow it to do its work, then pull it rapidly off and re-apply it more firmly. By this precaution all unnecessary pain is avoided, though a little more time is required. The great and even pressure of the turns of elastic very soon reduces the swell-

ing. If the elastic and lint be quickly removed, the glans will be found shrivelled up, and the prepuce readily passes over it. I have been induced to draw attention to this plan of reducing paraphimosis by those who have seen me employ it.—*Louisville Med. News.*

INJECTION OF QUININE IN GONORRHOEA.—Radha Nauth Roy, Assist. Surg., extols (*Indian Med. Gazette*, May, 1876) the efficacy of injections of quinia in gonorrhœa. He states: "I was once tempted to try it in a case of acute gonorrhœa, where scalding was unbearable, and discharge profuse, and to my utter surprise after the third day, I found the man quite relieved. He described to me the soothing effect of the injection as something cold like ice. The discharge was so much diminished that his clothes were scarcely stained after the third day. There was no more incessant desire

to void the urine, and he was to all appearance comfortable. My success in this case made me bold enough to use it in other cases, and I have invariably found the disease yield both in its acute and chronic stage under its influence. It acts as a tonic and astringent to the mucous membrane of the urethra. I have also used it in some cases of cystitis with much benefit. I generally use it dissolved in sulphuric acid dil. mixed with rose-water. Two grains of quinine sulph. dissolved in acid. sulph. dil. *m viij* or *m x*, and mixed with an ounce of rose-water—to be used twice for injection. At the same time I give copaiba mixture to my patients. In almost all the cases I have found it act like a charm. The disease is generally cured within a week, but chronic cases take a longer time. In a few acute cases it took more than a fortnight, but the delay in them was attributable to their irregular habits during this treatment."

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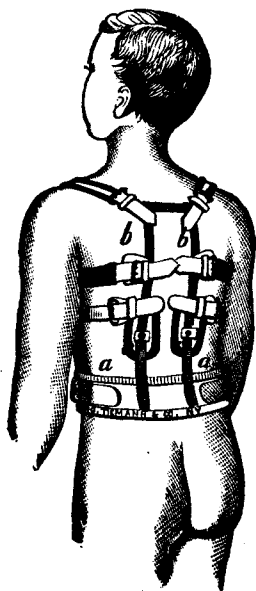
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