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A Monthly Journal of Medical and Surgical Science,  
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(Index next page.)

Vol. XIV }  
No. 8. }

TORONTO, APRIL, 1882.

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INDEX TO CONTENTS.

<b>Original Communications.</b>	
On the use of the Ophthalmoscope in diseases of the Ear, by C. W. Covernton, M.D.	225
Lesions of the central nervous system of Peripheral origin, etc. Translated by Dr. Joseph Workman	226
Arsenical Poisoning, by A. C. Bowerman, M.D., Bloomfield, Ont.	229
Frost-bite necessitating double amputation, by Jas. Grange, M.D., Barkerville, B.C.	232
Encysted Dropsy of the peritoneum, with cases, by J. Knowsley Thornton, M. B.C.M., reported by Allan Baines, M. B., etc., London	234
<b>Correspondence.</b>	
Medico-legal Experts—Dr. Stuart	237
Ovariotomy, by Specialists	238
Electricity in Spasmodic states	239
Medical Batteries	239
<b>Reports of Societies.</b>	
Michigan State Board of Health	240
<b>Selected Articles.</b>	
Abscess of the Liver	241
Carcinoma of the breast	243
Tapping the bladder through the prostate	245
Sponge Grafting	246
French Treatment of Itch	247
Operative fixation of Floating Kidney	247
The Doctor his own Photographer	248
Catheterism in Croup	247
Iodoform in Skin Diseases—Galvano-puncture in Aneurism—Solidified Wine and Brandy—Hysteria—Erasche—Chronic Eczema, treatment	248
<b>Editorial.</b>	
Report of the Registrar-General of Ontario	249
Ontario Board of Health	250
Ontario Branch Medical Association	251
Radical Cure of Cancer—McGill College Convocation—Royal College of Physicians and Surgeons, Kingston—Death from a mixture of Chloroform and Ether—Presentation to Dr. Widdifield—Compressed hypodermic tablets—College of Physicians and Surgeons, Que.—Application of Chrysephanic Acid—Bromide of Ammonia in Whooping Cough—A Liberal Donation—Boric Acid in Boils—Ergotine in night-sweats—Chloral and Bromide in tetanus—Scaly Eczema—Naso-oral Respiator—Formula of Puttner's Emulsion—Appointments	252-5
Books and Pamphlets	255
Births, Marriages and Deaths	256

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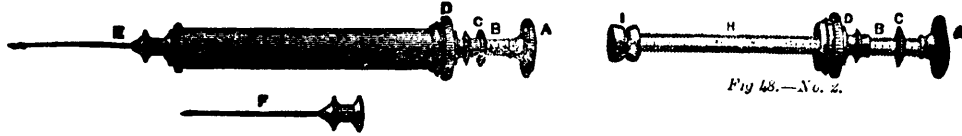
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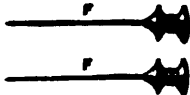


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No. 11.

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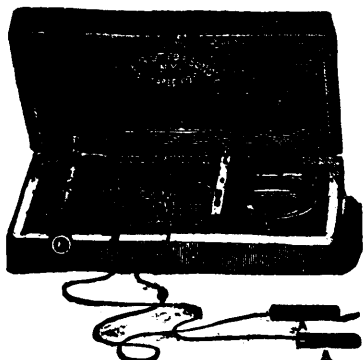
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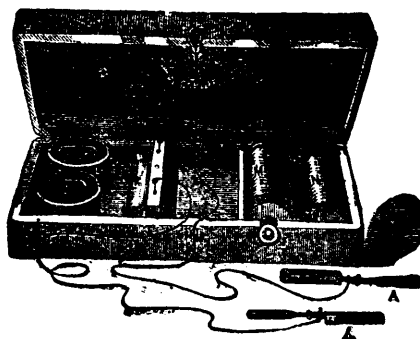
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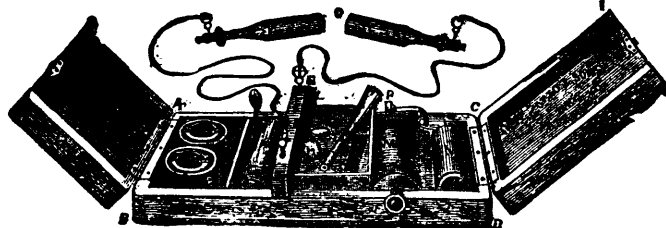
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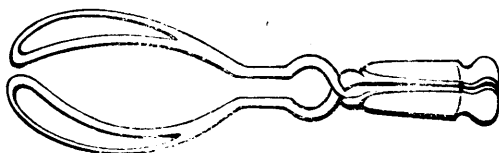
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No Oily Emulsions of any kind, not even Cod-Liver Oil itself, can supply the kind of Fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the Saponification, and ultimate Putrefaction, produced by the *Chemical Agents used instead of Pancreatic Juice, so that*

**PANCREATIC EMULSION, or MEDICINAL FOOD**, is the most reliable form of nutriment for counteracting all tendencies to Phthisis and other wasting Diseases. It presents to the Lacteals, Fat in essentially the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas.

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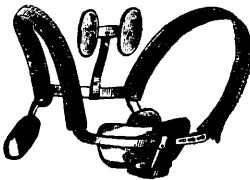
**PEPTODYN.** for Indigestion, a Combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, or Ptyalin, etc., forming an invaluable remedy in the treatment of all forms of Dyspepsia and all diseases arising from imperfect nutrition.

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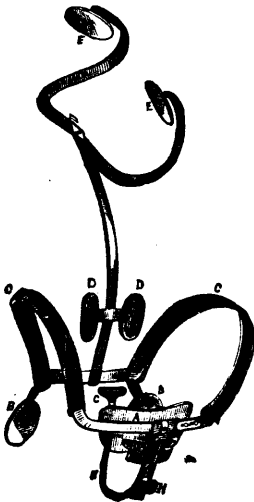
Fig. No. 3 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.  
FIG. 3.



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

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



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

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FIG. 19.



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

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

No. 19. - THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.



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MEDICAL PROPERTIES. Doses. Each.

AGUE,	{ Chinoidin, 2 grs. Ext. Col. Co. $\frac{1}{2}$ " Ol. Pip. Nig. 1-3 " Ferr. Sul. $\frac{1}{2}$ "	.....	Antiperiodic.	2 to 4	75
ALOE, U. S. P.	{ Pulv. Aloes Socot, 2 grs. Saponis, 2 grs.	.....	Stimulating Purgative. Directed to lower portion Alimen'y Canal	1 to 3	40
" COMP. (Pil. Gent. Comp.)	.....	.....	Tonic, Purgative.	2 to 4	40
" ET ASSAFETID.	{ Pulv. Aloes Socot, 1 $\frac{1}{2}$ grs. Assafetida, 1 $\frac{1}{2}$ grs. Pulv. Saponis 1 $\frac{1}{2}$ grs.	.....	Purgative, Antispasmodic.	2 to 5	40
" ET FERRI,	{ Pulv. Aloes Socot: $\frac{1}{2}$ gr. Zingib. Jam: 1 gr. Ferr. Sulph: Exsic: 1 gr. Ext. Conil, $\frac{1}{2}$ gr.	.....	Tonic, Purgative.	1 to 3	40
" ET MASTICH:	{ See Pil. Stomachicæ.	.....	Stimulating Purgative.	1 to 2	50
" ET MYRRHÆ.	{ Pulv. Aloes Socot, 2 grs. Myrrhæ 1 gr. Croci Stigma, $\frac{1}{2}$ gr.	.....	Cathartic, Emmenagogua.	3 to 6	80
" ET NUC. VOMICA.	{ Pulv. Aloes Soc. 1 $\frac{1}{2}$ grs. Ext. Nuc. Vomica, $\frac{1}{2}$ gr.	.....	Tonic, Purgative.	1 to 2	
ALTERATIVE,	{ Mass. Hydrag. 1 gr. Pulv. Opil, $\frac{1}{2}$ gr. Pulv. Ipecac., $\frac{1}{4}$ gr.	.....	Alterative, with tendency to Mercurial Impression.	1 to 2	50
AMMON. BROMID, 1 gr.	.....	.....	Sedative, Alterative, Resolvent.	1	75
ANDERSON'S SCOTS.	{ Pulv. Aloes Socot, Sapon Hispan Fruct. Colocynth. Gambogis, Oleum Anis.	.....	Cathartic.	2 to 5	
ANTHELMINTIC,	{ Santonin, Calomet, ss, 1 gr.	.....	Anthelmintic.	1 to 2	1

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ANTI-CHILL, { Chinoidin, 1 gr. Ferri Ferrocyan 1 gr. Ol. Piper. Nig. 1 gr. Arsenic, 1-20 gr. }	Antiperiodic. Applicable to obstinate intermittents.	1 to 2	1 00
ANTI-DYSPEPTIC, { Strychnia, 1-40 gr. Ext. Belladonna, 1-10 gr. Pulv. Ipecac, 1-10 gr. Mass. Hydrag, 2 grs. Ext. Col. Co., 2 grs. }	Applicable where Debility and Impaired Digestion exist.	1 to 2	1 00
ANTIMONIUM COMP., U. S. P. [See Pil. Calomel Comp.]	Alterative.	1 to 3	40
APERIENT, { Ext. Nuc. Vom, ½ gr. Hyosciam, ½ gr. Coloc. C., 2 grs. }	Aperient Tonic.	1 to 2	85
ASSAFETIDÆ, U. S. P. 2 gr.	Nerve Stimulant.	1 to 3	40
" COMP. { Assafetida, 2 grs. Ferri Sulph. Exsic, 1 gr. }	Nerve Stimulant.	2 to 4	40
" { Assafetida, 1 gr. Pulv. Rhei, 1 gr. Ferrum, 1 gr. }	Tonic and Nerve Stimulant.	2 to 5	40
ASSAFETIDÆ ET RHEI, { Assafetida, 1 gr. Pulv. Rhei, 1 gr. }	Tonic, Laxative, Nerve Stimulant.	2 to 4	75
BISMUTH, Subnit.: 3 grs. Subcarb.: 3 grs.	Sedative, Antiperiodic.	1 to 5	75
BISMUTH et Ignatia, { Bismuth Sub. Carb., 4 grs. Ext. Ignatia Amara, ½ gr. }	Sedative.	2 to 5	75
" et Nuc. Vomica, { Bismuth Sub. Carb., 4 grs. Ext. Nuc. Vomica, ½ gr. }	Sedative, Antiperiodic, Tonic.	1 to 2	1 50
CALOMEL, ½ gr.	Sedative, Tonic.	1 to 2	1 50
" 1 gr.	Alterative.	1 to 3	40
" 2 grs.	" Purgative.	1 to 3	40
" 3 grs.	" " "	1 to 3	40
" 5 grs.	" Cathartic.	1 to 3	40
" Comp. (Plummer's) 3 grs. { Calomel, 1 gr. Oxysulph Antimony, 1 gr. Guaicum Resin, 1 gr. }	Alterative, Anti-Rheumatic.	1 to 3	40
" ET OPII, { Calomel, 2 grs. Opium, 1 gr. }	Cathartic, Anodyne.	1	85
" ET RHEI, { Calomel, ½ gr. Ext. Rhei, ½ gr. Coloc. C. ½ gr. Hyosciam, 1-6 gr. }	Mild Purgative.	1 to 3	75
CAMPHOR ET EXT. HYOSCYAMUS, { Camphor, 1 gr. Ext. Hyoscyamus, (Eng.) 1 gr. }	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHART. Comp., U. S. P. { Ext. Coloc. Comp. 1½ gr. Jalapæ, 1 gr. Calomel, 1 gr. Pulv. Gambogia, ½ gr. }	Cathartic.	2 to 4	50
" " Vegetable. { Podophyllin, ½ gr. Ext. Colocynth, 1 gr. Virgin Scammony, 1 gr. Aloes, Soap & Ginger, 1 gr. }	Cathartic.	2 to 3	50
" " Imp. { Ext. Coloc. Comp. 1½ gr. Jalapæ, 1 gr. Podophyllin, Leptandrin, 1 gr. Ext. Hyoscyamus, 1 gr. Gentian, 1 gr. Ol. Menth. Pip. 1 gr. }	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS, { Pulv. Aloes Soc. 1 gr. Rhei Opt. 1 gr. Gum Mastich. 1 gr. }	Stimulating Laxative.	1 to 3	60
CERUI OXALAT: 1 gr.	Nerve Tonic.	1 to 3	1 00
CHINOIDIN, 1 gr.	Tonic, Antiperiodic.	2 to 4	40
" 2 grs.	Tonic, Antiperiodic.	2 to 4	50
" COMP.: { Chinoidin, 2 grs. Ferri Sulph. Exsic, 1 gr. Piperina, ½ gr. }	Tonic, Antiperiodic.	1 to 2	1 00
CINCHON, SULPH. 1½ grs.	Tonic, Antiperiodic.	1 to 3	75
COCCIA, { Pulv. Res. Scammony, 1 gr. Soc. Aloes, 1½ grs. Colocynth, ½ gr. Potass. Sulph, ½ gr. Ol. Caryophyl, ½ gr. }	Hydragogue-Cathartic.	2 to 4	90
COOK'S, 3 grs. { Pulv. Aloes Soc. 1 gr. Rhei, 1 gr. Calomel, ½ gr. }	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 grs. { Sapon. Hispan 1 gr. Ext. Coloc. Comp. U. S. P. 2 grs. }	Purgative.	2 to 5	80
COLOCYNTH ET HYDRARG ET IPECAC, { Pulv. Ext. Coloc. Comp. 2 grs. Pil. Hydrag, 2 grs. Pulv. Ipecac, 1-6 gr. }	Cholagogue Cathartic.	1 to 3	75
COLOCYNTH ET HYOSCYAM, { Ext. Coloc. C. 2½ gr. Hyoscyamus, 1½ gr. }	Gentle Laxative.	1 to 2	75
COPAIBÆ, U. S. P., 3 grs.	Alterative to Mucous Membrane.	2 to 6	50
" ET EXT. CUBEBÆ, { Pil. Copaibæ, 3 grs. Oleo-resin, Cubebæ, 1 gr. }	Alterative to Mucous Membrane.	2 to 4	80
COPAIBÆ COMP. { Pil. Copaibæ, 1 gr. Resin Guaiac, 1 gr. Ferri Cit. 1 gr. Oleo-resin Cubeb. 1 gr. }	Alterative to Mucous Membrane, Tonic.	2 to 4	80
DIGITALIS COMP. { Pulv. Digitalis, 1 gr. Scilla, 1 gr. Potass. Nit. 2 grs. }	Arterial Sedative.	1 to 3	50
DIURETIC, { Sapo. Hispan. Pulv. 2 grs. Sodæ Carb. Exsic. 2 grs. Ol. Baccæ Junip. 1 drop. }	Diuretic, Antacid.	1 to 3	50
DUPUYTREN, { Pulv. Guaiac, 3 grs. Hyd. Chlor. Corros. 1-10 grs. Pulv. Opii, ½ gr. }	Specific Alterative.	1	50
EMMENAGOGUE, { Ergotine, 1 gr. Ext. Hemebore. Nig. 1 gr. Aloes, Socot. 1 gr. Ferri Sul. Exs. 1 gr. Ol. Sabina, ½ gr. }	Active Emmenagogue, Tonic.	1 to 3	1 40

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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIV. TORONTO, APRIL, 1882. No. 8.

## OF THE USE OF THE OPHTHALMO- SCOPE IN DISEASES OF THE EAR.

(Translated from the *Progrès Médical* of 21st Jan.)

BY C. W. COVERNTON, M.D., M.R.C.S., TORONTO.

The organ of hearing is only accessible in its peripheral portion to direct exploration. Whilst the ophthalmoscope permits us to study the fundus of the eye, the internal ear enveloped in its bony case, remains concealed from the aurist who can only diagnose lesions by indirect means or by elimination. Nothing permits us to hope that these unfavourable conditions of a purely anatomical nature, can ever change, and if we wish to arrive at a knowledge of the exact nature of the diseases of the internal ear, we must have recourse to indirect means. For some time past the ophthalmologists and aurists, Knapp, Moos, Kipp, Allbut, have endeavoured to recognize the condition of the auditory nerve, from that of the optic, but up to the present the result of ophthalmoscopic examination has established no fixity of data in observations of diseases of the ear. We may then profit by the important communication made on this subject by Professor Zaufal to the Medical Society of Prague, by calling the attention of the readers of the "*Progrès Médical*" to this subject. In the cases of nervous deafness, so frequent a form in young women and in which noises predominate, with a loss of osseous perception and a negative state of the apparatus of transmission, it is very important to know to what immediate cause is due the functional trouble, and the state of the retina will indicate that of the lamina spiralis of the axis or modiolus of the cochlea, especially from the point of view of the circulation. The same applies for sudden deafness of syphilitic origin, when a rapid exudation takes place in the internal ear, and for cerebral traumatism followed by deafness, etc. When the troubles observed have not their cause in the middle or external ear, it is often very difficult to

determine whether the lesion has its seat in the internal ear, the nerve or the auditory centres. Now an ophthalmoscopic examination will permit us to determine certain encephalic lesions, and we can often determine whether the cause of the trouble is central, peripheral or mixed. In the affections of the tympanum, it is still necessary to practice ophthalmoscopic examinations at whatever stage they may be seen, for even in the absence of all symptoms, there may already have taken place a propagation to the nervous centres. This obtains in suppurative, acute or chronic otitis, and even for catarrh, simple, acute or chronic, which may, as we have instances, produce intra-cranial complications. In revealing to us meningitis and thrombosis from their commencement, the ophthalmoscope permits us again to determine the indications for trephining. The lesions of the fundus of the eye augment or diminish with those of the meninges, the progress of meningeal lesions will be revealed by that of lesions of the retina (Allbut, Kipp, Zaufal,) and again it is by the state of the retina that we are enabled to judge of the amelioration of encephalic lesions due to trephining. When inflammation of the tympanum is continued to the meninges, the ophthalmoscopic lesions appear at first in the corresponding eye, but they nevertheless affect both eyes, and sometimes are more marked in the eye opposite. The same after trephining, it is on the corresponding eye the amelioration commences to be produced, but it manifests itself also on the other eye. A curious circumstance is that in all the cases studied by Zaufal, where a mild suppurative otitis with or without caries had produced meningitis and thrombosis, constantly were found very marked alterations of the fundus of the eye (stasis, neuro-retinitis, strangulation, etc.) contrary to that which occurs in other forms of meningitis, principally in cerebro-spinal meningitis. To more fully understand all the importance of this new element of diagnosis, we cite a case reported by Zaufal: "A young man 16 years of age, very vigorous, was attacked with mild suppurative otitis of the left ear with perforation of the membrana tympani and cervical adenitis. No method of treatment had proved of any avail, and for some time his general condition was bad. There was night fever and anorexia; on going down stairs the patient had experienced vertigo, and irrigation of the ear commenced to produce giddiness. Nothing to be



observed at mastoid process, but percussion produced vertigo. Ophthalmoscopic examination showed the fundus of the eye to be of a dark red, the redness augmenting towards the papilla of which it covers a large part on the internal side. Arteries normal, veins very dilated and sinuous; papillæ badly defined, of a dark red within; on the right papilla near to the point of exit of the central vessels, hemorrhage covering all the central part. Diagnosis: venous hyperæmia, extension to the meninges. Trephining was performed. The next morning no more vertigo on percussion or on irrigation. Patient feels well, no fever, appetite returned. The fourth day the internal part of the papilla is still very red, nevertheless the veins are notably narrower and the fundus of the eye much paler. The hæmorrhagic extravasation is smaller and the borders indistinct. On the 8th day sudden elevation of temperature to 41° cent. (=Fah. 105.4.) Ophthalmoscopic examination indicating no modification, all idea of new intra cranial lesion was ruled out; accidental complication was the view entertained. It was in fact a septic fever which subsided, and the cure was complete." This brief résumé permits us to form an idea of the importance that the ophthalmoscope will acquire in the study of diseases of the ear. Let us hope that thanks to it, the affections of the internal ear will be completely differentiated, the one from the other, studied and treated in a manner really scientific.

LESIONS OF THE CENTRAL NERVOUS SYSTEM, OF PERIPHERAL ORIGIN. BY CH. TALAMON, REVIEW BY DR. A. LEONE.

(Translated from "Il Pisani Gazzetta Sicula, Palermo.")

BY JOSEPH WORKMAN, M.D., TORONTO.

(Continued from page 198.)

CHAPTER III.

Of some symptoms or phenomena observed, following irritation of the nerves on the periphery.

We shall bring together in this chapter a large number of scattered facts, in which a centripetal irritation, acting on the nervous centres, is carried across either with phenomena of excitation, or of paralysis, without our being able in the present

state of our knowledge, to specify the lesion produced by this irritation, in consequence of having from anatomical examination only negative results. We shall, in the meantime, admit that these alterations exist, because we cannot comprehend a functional modification without an organic one—a modification of very low relief in certain cases, more profound in others, the nature of which evades us for the moment, just as the nature of the anatomical substratum of infantile paralysis, of muscular atrophy, and of locomotor ataxia, escaped our predecessors. "Whenever no microscopic alteration is found," says Vulpian, "it is permitted to us to reserve a doubt, for the histology of the nervous system is yet but young, and certain modifications of the anatomical elements of the nervous centre may easily evade our means of investigation." It is, therefore, very probable that a modification of the cerebro-spinal axis may exist in the facts we are about to state. This irritation, we have said, is carried over by two orders of phenomena: *convulsive and paralytic*. Before entering into the clinical study of these facts, it is well to enquire as to what experimental physiology may be able to teach us in relation to the subject.

In this order of ideas and facts, the most notable have been brought under view by Brown-Sequard in his experiments on the epilepsy of *cobayes*. After finding that these animals became epileptic after section of the cords of the medulla, and above all, of its posterior cords, this physiologist demonstrated that the same result could be obtained by irritation of certain peripheral nerves; thus the stretching, crushing, or section of the sciatic, or the popliteus internus, as also the irritation of the visceral nerves, acted. Brown-Sequard, in fact, succeeded in rendering epileptic some *cobayes* on which he had cut the grand sympathetic in the abdomen. Facts of the same sort have been observed by Vulpian, and by Hayem on rabbits, cats, dogs, and other animals of the mammifera. Brown-Sequard brings in the vaso-motor nerves to explain the production of this artificial epilepsy. Prof. Vulpian, however, has combated this theory in his lectures on the vaso-motor apparatus. "Why," asks this author, "desire absolutely that the construction of the cerebral vessels should play so important a part in the production of this epilepsy, when the anatomical elements of the encephalon can be modified directly by the

irritation coming from the periphery?" And truly we would say the same; because, if the peripheral irritation be capable of modifying the vaso-motor centres, that is not for us a valid reason for the denial of its capability also to modify, and much more actively, the nervous cells with which the cord conductive of the irritation is in direct continuity. This hypothesis is the more rational; it is that which has been proposed by Handfield Jones, in England, Jaccoud, in France, and Wier Mitchell, in America, and it has been adopted by Charcot in his lectures on urinary paraplegia. In the experiments of Brown-Sequard in the artificial epilepsy of cobayes, the phenomena of excitation occupy the first position, but in the same experiments it was likewise observed that intense irritation of the centripetal nervous fibres sometimes determines a weakening of the nervous action in the part of the medulla corresponding to the insertion of the nerves irritated. This fact also has been confirmed for us: 1st, by the observations of Herzen, Lewisson, and Comhaire, who availed of mechanical stimuli on various species of animals; 2nd, by Vulpian, who effected his studies by means of faradization on rabbits; 3rd, by the celebrated observation of G. Echeverria on man.

Hitherto we have what has been taught by experimental pathology. In all these experimental facts it is necessary to note with Vulpian, that, with the exception of the artificial epilepsy of *cobayes*, the phenomena produced by centripetal irritation are always of short duration; a fact not observed in man, in whom, as we shall see, they are, on the contrary, more or less persistent. In the clinical facts we are about to state, we shall first speak of the phenomena of *excitability*, and afterwards of those of *inexcitability*, or *depression*.

A. *Phenomena of excitability*.—Among the various clinical manifestations derived from the irritation of the nerves of the periphery, we shall select those which seem to be derived more directly from the modification carried to the central system. And here again we shall take as our basis of the description, the nervous phenomena observed on persons who had undergone amputations. These nervous phenomena are of two orders; the one local, the other distant. The first have been described and well studied by Mitchell, under the name of the neuralgia and *choréa* of stumps. The most notable example of this sort of neuralgia is

that reported by Dr. Nott: a man whose leg had been amputated was taken with atrocious pains in the limb operated on, a short time after the operation; amputation was performed a little higher, and afterwards an inch of the sciatic nerve was excised (?) in the popliteal hollow—no relief. It was necessary to amputate the thigh; this time without good result. Dr. Nott then cut off an inch of the sciatic below the pyramidal muscle. This piece of the sciatic was the first that appeared to the naked eye sound; but microscopic examination was not made. This last operation gave a partial amelioration. Analogous phenomena are also observed following traumatism the most various. In the treatise of Swan numerous examples of these neuralgias are found; facial neuralgia from dental caries is a type of it. Mitchell relates many examples of this sort, and in all the cases he attributed the persistence of the neuralgia to an ascending neuritis. Vulpian, on the contrary, thinks these neuralgias frequently have another mechanism, and that they depend on a modification of the grey substance of the medullary centre. This hypothesis of Vulpian has the merit of explaining other facts, of which it is difficult to render a reason, as, when the neuralgia is reflected upon the nerves of the sound side; thus in one of the observations published by Hutchinson, after a wound of the cubital nerves and the median of one side, the pain was localized in the hand of the opposite side. Pirogoff, as cited by Mitchell, relates an analogous fact of a wound of the right brachial plexus. Ollivier has communicated to the society of biology an interesting observation of this sort of reflex neuralgia. A woman received a blow which bruised the fifth intercostal space. After a few months she felt in this region occasional sharp pains, and some months afterwards shooting pains, with formication and prickings on the right side of the neck, in the clavicular region, and along the arm and forearm down to the ring finger and the inner half of the middle finger. These pains disappeared in a few days under the influence of subcutaneous injections of morphia. Now this fact cannot be explained unless by admitting with Ollivier, that the contusion of the fifth intercostal nerve had determined in the cells of origin of this nerve, a morbid excitation, which was propagated to the proximate cells, and carried, by means of the sensorium, to the periphery of the nerves proceeding from it.

Besides neuralgias as local manifestations of irritation of peripheral nerves, Mitchell speaks of the chorea of persons who had undergone amputations, as another phenomenon of excitation. "The muscles of stumps," he says, "especially in cases of arm amputations, are always in such a state that the emotions and the changes of weather, determine in them spasmodic contractions," and he sustains this opinion by two examples; the first of which was an amputation of the left arm; after a certain time spasmodic contractions in the stump occurred every time the individual attempted to move it; at the same time slight stretchings in the muscles of the face on the left side were observed. In the second example, amputation of the forearm at its lowest third, three months after the operation spasmodic movements of the stump, not only in the forearm, but in the muscles of the arm were seen; the forearm was the prey to a continual agitation, both night and day, without any truce. These movements began to reach the shoulder, the muscles of the trunk, and of the neck (on the right side). In this case Mitchell is in accord with Vulpian, in regarding these movements as due to some nervous lesion, originally limited to the stump, which had afterwards determined a central irritation that was manifested in reflex spasms. Vulpian adds that the morbid modification is located in the grey substance; he says, "this modification is different from that of neuralgia, only by its nature or its seat, but in certain cases it may co-exist with it," and this opinion has been confirmed by Mitchell, who says that "it is not rare to find individuals in whom the spasmodic movements are accompanied by violent neuralgic paroxysms." Langstaff gives an example of this. The tendency of these nervous phenomena to radiate into neighbouring parts, has been demonstrated in two examples by Mitchell, in which the motor excitation extended from the nerves of the arm to the facial nerve in one case, and to the nerves of the neck and trunk in the other, that is, from the cells of origin of the facial, to those of the nerves of the neck and the trunk.

We have said that the nervous phenomena developed after irritation of the nerves at the periphery, are, some local, and others distant from the lesed point. We saw then what those phenomena were, which take place also in parts distant, or better to say, which are extended into the whole nervous sys-

tem. We have not spoken, nor shall we speak, of tetanus, nor of hysteria, neuroses which form in themselves a very complex question. We shall limit ourselves to speaking of cases of epilepsy observed in man, following amputations or traumatism, analogously to our remarks on the epilepsy of *cobayes*. Mitchell saw, in a person whose hand had been amputated, muscular spasms produced in the extremity of the part cut, which ended in true epileptic accesses. The median and cubital nerves were trebled in volume and as hard as tendons.

Examples of cases following traumatism have been very numerous: in 41 observations of peripheral epilepsy, collected by Brown-Sequard in 1869, many appertained to traumatism, and more especially to lesion of the sciatic nerve, or of its branches, and to lesions of the elbow and the hand. The most corroborative observations in this relation are those published by Billoth in 1872, by Schaffer in 1873, and above all those by Magnan, of which we shall now give a very fine example. In February, 1862, a man who never had epilepsy, received a kick of a horse on the posterior part of his *left* heel. The contused wound produced by this injury cicatrized in a few days. In the course of the month of March he several times experienced a sensation of cold, which went from the wounded heel, with cramps, to the malleolus. On the 11th of April the sensation of cold, which he compared to a drop of cold water running between the skin and the flesh, went from the heel to the malleolus, and was followed by strong cramp and convulsive shakes; these shakes reached the thigh, afterwards the arm of the same side, and the patient lost consciousness; he fell, bit his tongue, and urinated; an instant after, he rose stupified and stooped, and without any memory of what had taken place after his fall. On the 14th of May he had a fresh attack, and from that time forward numerous accesses, at intervals of shorter or longer duration. This patient was apprised, from 24 to 48 hours beforehand, of an approaching attack, by an aura in form of the sensation of cold water running from the cicatrix on the heel. Sometimes the convulsions were generalized without loss of intelligence, in this case the initial phenomenon was always the aura in the left heel, followed by disturbances in the leg, the thigh and the arm; afterwards he felt a sense of constriction in the throat, oppression and difficulty in the respiration; lastly, the arm

and leg of the *right* side were seized by tonic and clonic convulsions, and the attack ceased without loss of consciousness. This case very clearly demonstrates the route of the centripetal irritation, now extending itself simply to the medulla and to the bulb, and then advancing to the encephalic centre, carrying thence the loss of consciousness.

Larrey relates the case of a soldier, in whom accesses of epilepsy were produced after an operation at the bend of the elbow, in which the internal cutaneous nerve was wounded. The patient felt a keen pain at the level of the cicatrix, followed by a sensation of cold, which ran through the tract of the nerve; convulsions immediately succeeded. Several small moxas along the course of the nerve, and applications of a little potassa on the same parts, caused the accesses to disappear. S. Wilcks, in his *Lectures on the Diseases of the Nervous System*, relates a short analogous observance of a case of wound on a finger. Other examples of the same sort, with phenomena of choreic form, are known. Prof. Wier-Mitchell gives a very fine example, cited from Dr. Packard, in which the chorea had its origin from a traumatic lesion of the nervous filaments of the thumb. Malden cured a chorea by extraction of a carious tooth. Charcot, in his lectures *On Diseases of the Nervous System*, has related the history of a lady who, by falling from a carriage, suffered a contusion on the left thigh. After some time she felt in the injured limb a sharp pain, along the course of the sciatic nerve, and shortly after a tremor in the whole leg. At first this tremor was transient, but it became afterwards permanent, and extended to the whole limb.

B. *Phenomena of depression*.—These phenomena may take place, now in a member corresponding to the irritated nerve, again on the opposite side, or yet in a member, or a group of muscles, more or less distant from the injured part. Here are examples:—Larrey, in his memoirs of military surgery, relates that in the Syrian campaign the slightest wounds were very frequently followed by complete paralysis of the corresponding limb. He explains this paralysis as proceeding from lesions of some superficial branches of the cervical pair, under the influence of the asthenic and stupifying qualities of the climate of Syria in the hot season, in which these accidents took place. Brown-Sequard relates a case of paralysis of both arms, following a displacement of the ulna; the paralysis ceased with

the cessation of the traumatic pathological condition, and did not again appear. Boyer relates another case similar: the reduction of a luxation of the left ulna was followed by paralysis of the forearm, and some time after by paralysis of the corresponding lower limb. Wier-Mitchell publishes many cases of paralysis in regions distant from the lesed parts, and he associates the facts with cases of cerebral irritation consecutive to traumatism; he explains them as a species of local determination from the nervous commotion received. Many other authors cite examples of the same class,—as Marshall Hall, Kennedy, Rochè, and Goyot. We shall record only the observations of Rochè, as the most striking: a student of medicine, after the extraction of two molar teeth from the upper jaw, was seized with atrocious pains and convulsions in all his members, and finally with complete paralysis of the left arm; speech was lost, but his intelligence was perfect. After a quarter of an hour, he felt a formication in the paralysed member, and in an hour the functions of the arm were completely re-established; he recovered speech at the same time.

#### ARSENICAL POISONING.

BY A. C. BOWERMAN, M.B., BLOOMFIELD, ONT.\*

(Continued from page 203).

Arseniuretted hydrogen gas, containing one grain of arsenic to the cubic inch, is a most deadly poison, and at a moderate heat arsenical compounds pass into a gaseous state; while Dr. Tidy tells us that volatility and virulency usually go together. Now if our walls are hung with paper containing from 14 to 17 grains of arsenic to the square foot, or even a much smaller quantity, the amount of this noxious gas set free in a room exposed to a midsummer's heat, or even to that of our common wood or coal fires, must be sufficient to produce many of the symptoms of arsenical poisoning; for we have already seen that many evil effects arise from the use of arsenically colored lamp shades—as the metal is decomposed by the light and heat of the flame. How easily the symptoms thus produced might be masked by other less characteristic ailments; and how readily one might thus overlook

\* Read before the Quinté and Catarqui Medical Ass'n, Feb. 1, '82

this grave cause of a most alarming condition in our lack of proper sanitary precautions !

An eminent English authority (Groves) says, "The frequent occurrence of arsenical poisoning from paper hangings is very generally overlooked by medical men, many even when it is pointed out will not believe in it. This arises no doubt in most instances from the symptoms which are produced being so various and having such a strong resemblance to symptoms arising from totally distinct causes." It is a fact to be remembered, as observed by Bartholow, "that in consequence of the high degree of inflammation which arsenic excites when applied externally in sufficient strength, absorption does not follow its local use ; but *weak* applications may excite dangerous symptoms by diffusion into the blood." It is likewise a physiological condition of the blood to offer an alkaline reaction, and being separated from the surface by a thin endermic membrane only, an osmotic flow is readily produced through this membrane—from without inwards, whenever an acidulated application is made to the integument—(and arsenious acid offers a feebly acid reaction in solution). The facilities for the absorption of this noxious element are thus seen to be all that can be desired in the way of activity and certainty. Bartholow, in his Therapeutics, says, "Symptoms of poisoning follow the inhalation of arsenical fumes. Numerous instances have occurred in which wall-papers colored with arsenical pigments have poisoned the occupants of an apartment. Garments colored with aniline dyes fixed by arsenical mordants, have induced local ulceration and systemic symptoms, from absorption of arsenic. Applications to a large portion of even unbroken integument have in numerous instances excited dangerous symptoms and produced fatal results."

I have previously noticed that the inhalation of arseniuretted hydrogen gas is attended with most disastrous consequences. Quoting from Mr. Carr, I find that Dr. Fleck, from confirmatory experiments, concludes "that there can no longer be any doubt of the possible presence of arseniuretted hydrogen gas in the air of a room hung with paper which is colored with arsenical green ; that the evolution of gas takes place on account of the joint action of moisture, etc., of organic matter (especially such substances as are used in fixing the paper to the wall) ; and that wherever free

arsenious acid is in contact with organic substances, the evolution of gas is possible. The danger is therefore not confined to green, but may arise from any color which contains arsenic." Prof. Roscoe says, "Hydrogen is evolved during the growth of mould and certain fungi, and it is possible that if arsenic compounds are present where such growths are going on, arseniuretted hydrogen may be evolved. This (he says) may perhaps explain the evil effects noticed when arsenized wall-papers are employed." It might not be amiss to bear in mind that, according to so valuable an authority as Roberts Bartholow, "recovery from the effects of acute arsenical poisoning is rarely complete." Once having recognized this fact, I think it would not be long before every article suspected to contain arsenic would be excluded from domestic use.

A well marked difference is known to exist between the symptoms produced by arsenic taken *per orem*, and those arising from its action in the form of gas or dust. As pointed out by Bartholow, the administration of arsenic in even medicinal doses is not unattended with danger, in consequence of the individual idiosyncrasies to the action of this metal. The following cases, under my own limited observation, will serve to illustrate the extreme susceptibility of some persons to the administration of pharmaceutical preparations of arsenic.

A. B., æt. 28, male, delicate and of sedentary habits ; troubled with an obstinate pityriasis, was ordered the following prescription :

R—Elix. ferri et calisaya, ℥iij.  
Fowler's sol. of arsenic, ℥ij.—M.

SIG.—A teaspoonful three times daily, after eating.

The above preparation of Liq. Arsen., I think, was made after the U. S. P., consequently each drachm contained about a  $\frac{1}{2}$  grain of arsenious acid. One grain was therefore the total quantity put into the prescription, and although the whole quantity was not taken, yet the result was nearly fatal. The medicine was first taken on Tuesday, after dinner, again after tea, and again on Wednesday, after breakfast. Not being content with this, the patient, in his eagerness to accomplish a cure, took a dose during the interval more than was ordered, thus taking five or six doses daily. For some days previous to the exhibition of this remedy, the man had been suffering from an acute

bronchitis with considerable expectoration. Bartholow says, "Arsenic stimulates the cerebral functions and induces a feeling of well-being, and in some subjects, decided mental exhilaration." On Wednesday our patient experienced great exhilaration, amounting almost to intoxication; but on Wednesday night a severe constricting headache supervened, with restlessness, sleep disturbed by nausea, great tenderness over epigastrium, with occasional colicky pains. On Thursday the remedy was continued irregularly, the cough had become loud, harsh, and had a metallic ring; voice grating and expectoration very difficult. The tongue was covered with a white coating, except the tip and edges; the face presented a pinched expression; eyes sensitive to light; eyelids swollen at the inner angle; constricting headache; considerable nausea and want of appetite. Severe pain in the back obtained from the first; palpitation of the heart became excessively painful. Frequent retching prevented much sleep on Thursday night, while all the above symptoms became more exaggerated on Friday, when a settled condition of melancholy prostrated the patient. Cold chills now came on, with sighing, yawning and frequent hiccough. Nothing was taken but some mucilaginous drink, and the cause faintly suspected. About 3 a.m. of Saturday, however, the patient awoke in great distress, as if apprehending some calamity. The physician on visiting him, found his condition as above described and with the face now puffed out like a blister, eyes nearly closed, violent and most painful palpitation, nausea, griping pain in the abdomen, pain in the back, etc. The patient remarked a peculiar flash, as of an electrical spark, in the outer side of the right eye; this remained and gave considerable annoyance for some weeks after abatement of the other symptoms. Stimulants, diaphoretics, etc., with mucilaginous drinks were administered freely and continued through Saturday and Sunday, when all the alarming symptoms abated. On Monday evening patient left his bed, still however complaining of great prostration. In the above case so near a fatal termination, less than a grain of arsenious acid was taken, in not less than 15 or 16 doses, and spreading over a period of about 72 hours. It is now manifestly impossible, in view of the above, to accurately estimate the individual susceptibilities of people to the action of this remedy, until we have prescribed

and carefully watched against any untoward results, when the administration may be immediately discontinued.

The second case coming under my notice was that of a boy, *æt.* 4, suffering from chronic eczema since early infancy. I have good authority for saying that he had been taking Fowler's Sol. of Arsenic for about four weeks, but in what doses I do not know. The medicine was ordered by a physician some miles distant, and the child had only been seen by the doctor twice since the remedy was begun. Nothing unusual was remarked by the mother, except frequent nausea, until the period of which I am speaking, when, after eating immoderately of currants and raspberries, the child was seized with vomiting, intense thirst, fever and great abdominal pain. These symptoms having been attributed to the excessive ingestion of unripe fruit, an enema was ordered, which had the effect of removing a great quantity of impacted *fæcal* matter, composed largely of the seeds of the fruits eaten. Much relief was given by this course, but only of temporary duration. Vomiting was with difficulty arrested for short intervals. The specific cause in this case was not even suspected by me, until the vomited matters assumed a bluish-green color not unlike solution of sulphate of copper. Dr. Ingersoll of Picton was now called and diagnosed the case, beyond doubt, as due to arsenical poisoning. A fatal result seemed inevitable, and all efforts to the contrary were unavailing, the child dying in the utmost conceivable agony about 36 hours after my first visit.

I submit to the judgment of the gentlemen present, whether in this case the administration of arsenic would have been injurious, had not the excretions been suspended by the ingestion in immoderate quantities of unripe fruit, and thus preventing the elimination of the metal by the natural outlets?

A third case, of a middle-aged lady, cancerous diathesis (as diagnosed by a Rome, N.Y., specialist). She always speaks of the cancer-humor (whatever that is) affecting her in most unaccountable ways; and under the advice and attention of this same specialist, she takes considerable quantities of his celebrated "Cancer Remedy," which I am told contains arsenic. These "cancer cures" are not unfrequently met with, and I am informed that most of them contain arsenic as an ingredient

in their composition. These are generally prepared from secretly held formulæ of supposed value, and I believe are most diligently dandled before the eyes of victims to every sort of humor, by those gentlemen prematurely delivered into our honorable ranks, and who advertise themselves after the following manner, viz.:—

Dr. —, Physician, Surgeon, Accoucheur, Corner for the Co. of —, (Specialty, the Treatment of Cancer and all diseases originating from impurities of the blood).

It was after a dose of some one of these nostrums that our patient found herself in a condition closely bordering on that sort of permanent relief seldom desired on the part of our patrons. As only a single dose had been taken, the result fortunately was not fatal. Now until it is thoroughly understood that arsenic forms so prominent a factor as it does in the preparation of a multitude of articles of daily use, the deleterious effects of its inhalation and absorption, in even small quantities, must continue to be overlooked, and as a consequence be passively permitted to still obtain. Mr. Carr says, "The question whether one is poisoned by dust or is a matter of interest to the medical profession, but it is of little consequence to the public." And likewise he says, "The consideration of arsenical poisoning at once raises the question of freedom of action. Perfect liberty consists in freedom for every man to do that which is right in his own eyes; but it certainly is not a justifiable use of freedom for manufacturers to saturate our walls, furniture or clothing with subtle poisons, which, by impregnating the air we breathe, frequently produce serious illness and often have led to loss of life." The manufacturer takes advantage of the purchaser's ignorance and thus effects a sale of goods that he well knows would be shunned by every intelligent person, were he to append to his wares a label to the effect that they were goods highly impregnated with arsenic or any other subtle poison.

From this standpoint the matter becomes a question of great public importance, and to eradicate the evil the necessity is equally important, of securing requisite legislation to this effect; for while we encourage immigration, should we not by every legitimate means in our power, endeavor to protect the lives of those people who are becoming citizens of our Dominion, and not by neglect be guilty of impairing or destroying their own and their chil-

dren's health and thus striking a fatal blow at the very root of our anticipated national future, when all this can be remedied by the prohibition of poisonous materials designed for domestic use? The Prussian, French and Bavarian governments forbid the manufacture and sale of wall-papers colored with arsenical pigments. Much effort has been made in Great Britain to obtain similar legislation, but the only good result has been to render the sale of *small* quantities of unadulterated arsenic very difficult, while the manufacturers of wall-papers boast of using tons of the crude article per week. As it generally, I believe, falls within the province of the medical profession to institute the initiatory proceedings in every department in which the public health is concerned, I submit that it can scarcely be considered out of place that this question should originate in a medical association, and its merits be discussed by those best qualified to estimate the importance of its consideration.

In conclusion, Mr. President, I ask, would it not be wise, in view of the authorities from whom I have quoted, to urge the adoption of legislative acts to render illegal the manufacture or sale within the Dominion, of any poisonous materials of whatever form, unless it be distinctly stated to the intending purchaser that the articles used or exposed for sale are of a highly dangerous character? Considering that in nearly every case my authority has been English, and that a very large per centage of manufactured goods—including wall-papers—are imported from England, the necessity for an enquiry into this question is by no means lessened; and I respectfully suggest that this subject be brought to the notice of Parliament, in connection with the movement for the promotion of better sanitary regulations throughout our provinces.

#### FROST BITE NECESSITATING DOUBLE AMPUTATION.

BY JAMES GRANGE, M.D.,

Physician and Surgeon to the Royal Cariboo Hospital,  
Barkerville, B.C.

S. F. A., aged 39. Had been drinking some in the morning of Monday, Nov. 14th, Taking some brandy with him, he started for the Horse Fly Country from the Forks of Queensville early in the day, by way of Beaver Lake trail. When about eleven miles out he was wholly overcome with

drink, and falling asleep he did not return to consciousness till aroused by a passing Chinaman on Wednesday, about two o'clock p.m., having slept about fifty hours on the snow covered ground without covering or shelter, the thermometer indicating more than ten degrees below zero at the Forks, a valley probably five hundred feet lower. The Chinaman, not being able to get him along, hurried on to the Forks for help.

Meantime the poor man being exceedingly thirsty made his way to a brook about fifty yards distant. In this effort he first discovered that his feet were both frozen. One elbow was slightly frozen, but his hands had almost wholly escaped as he had thrust them in his bosom. Having taken a large draught of water he felt very weak and chilly, and was obliged to lie down again a short time. Then seeing his horse a little way off (for the faithful animal had not left his master, a circumstance not uncommon in this sparsely peopled region), he undertook to saddle him, but his strength failed and he was obliged to lie down till help came from the Forks, which arrived about six o'clock. He was first given a little brandy, then a fire was kindled and he was warmed, keeping his feet from the heat. Hot tea and some food were given him but he could take very little. He was then placed on horseback, and after a weary ride of four hours reached the Forks at about three o'clock Thursday morning. The frost was then extracted by placing the feet in ice-cold water, and rubbing them with the hand. The attendants say the parts were frozen solid to near the middle of the leg. Five hours were spent in removing the frost. After resting till Saturday morning, he started on horseback, some friends accompanying him, for the Hospital, making Keithley Creek twenty-two miles the first day, Sunday made Snow-Shoe Creek, twelve miles, Monday made Antler Creek, sixteen miles over the mountain, the snow reaching to the horses sides, Tuesday reached Barkerville, fourteen miles.

The difficulty of making this journey will be more fully realized when it is understood that this region of country is composed of very uneven ground, steep hills to climb and deep valleys to cross over most part of the trail. On his arrival he was admitted to the hospital, Nov. 22nd. The patient had endured the journey much better than was expected. Was quite cheerful, in very little

pain, appetite pretty good, evacuations natural, sleep not much interrupted, pulse 84, line of demarcation beginning to form a little below the middle of the tibiæ, feet cold and of a very livid colour.

I expressed the opinion that the feet would have to be amputated; but as a different opinion had been given by a party here professing considerable medical skill, though he had never heard a lecture on medicine (for we have empirics here as well as in other parts of the Dominion), I was unable to get the consent of the patient till Dec. 6th. By this time nature had done so much towards amputation, and the patient was suffering so much loss that all opposition was withdrawn. Having procured the best assistance I could I proceeded with the amputations. The patient, though a large man of superior physical powers, went under the influence of chloroform without any difficulty. Large warm flax seed poultices had been applied, enveloping the feet and reaching nearly to the knee and changed twice daily, and the parts had been washed with carbolized water at each dressing. The parts above the line of demarcation were not swollen and appeared perfectly healthy, so I formed the flaps from a point about three inches above the line. The operation was not done very quickly. All being completed, I noticed that it lacked about ten minutes of an hour since the patient began to inhale the chloroform. Soon after the operation the pulse fell to 62; administered stimulants. Reaction set in in about two hours. During the next two days the pulse reached 116, after which it gradually fell to 80. The wounds were carefully washed with carbolized water and dressed with cloths dipped in the same. The dressings were wet twice daily with the same antiseptic, and not removed till the eighth day when the wounds were found united by the first intention. I think it very remarkable that so serious an operation should be followed by no untoward event, after such terrible exposure and so much delay before operating.

THE next meeting of the International Medical Congress will be held in 1884, in Copenhagen, Denmark, under the presidency of Prof. Panum.

A HOSPITAL and Accident Ambulance Service has been established in London, England, through the exertions of Dr. Benjamin Howard, of New York.



## ENCYSTED DROPSY OF THE PERITONEUM—WITH CASES.

BY J. KNOWSLEY THORNTON, M.B., C.M., ETC.

Surgeon to Samaritan Free Hospital for Women, London.

(Reported for the CANADA LANCET, by Allan Baines, M.B., L.R.C.P., etc., London.)

The main parts of the paper are taken from notes read by Mr. Thornton at the meeting of the Harveian Society, January, 1882, with some few clinical notes by Dr. Baines, who witnessed the progress and operation of the cases. Encysted dropsy of the peritoneum is a very rare disease, and very little is to be found about it either in the general or special medical text books. The fact that two cases have occurred in Mr. Thornton's hospital practice in the last three months, shows, however, that it is a disease which we must be prepared to meet with occasionally, and diagnose from other abdominal enlargements. This differential diagnosis is very important for the proper treatment of the case, and at the same time it is extremely difficult. It is doubtful if any other form of abdominal enlargement offers the same difficulties. Before proceeding to consider these particular cases and the lessons we may learn from them, we may briefly refer to such cases noticed by others, and to such general information on the differential diagnosis as the text-books afford. Mr. Spencer Wells, in his work on diseases of the ovaries, records one case at pages 134 and 465; on the former page he gives some particulars of the case, and on the latter he tabulates it among the incomplete ovariectomies. Mr. Wells diagnosed ovarian cyst, and tapped the patient without discovering the error, and when she refilled, proceeded to perform ovariectomy. The incision revealed a cystoid cavity formed by floor of pelvis, matted intestines, and parietal peritoneum. The uterus and ovaries were in this cavity, the former roughened and the latter large. The cavity was sponged out and the incision closed. The patient was well two years afterwards. One of Mr. Thornton's cases will be seen to closely resemble this. Mr. Wells states that McDowell and Henry Smith, of the United States, have each recorded a similar case, and Peaslee in his work on ovarian tumors, states that Boinet had met with two cases in men and one in a woman. Peaslee himself had seen a case in each sex, and says, on what authority or

ground it is hard to say, that the disease is more common in the male than in the female. He also speaks of it as an extremely rare pathological condition. Dr. West, in his work on Diseases of Women, says: "I am aware of no means by which such cases are to be discriminated from cases of ovarian dropsy; as far as I know, their nature has scarcely ever been detected during the lifetime of the patient." Peaslee, in his chapter on the differential diagnosis of ovarian and other abdominal enlargements, devotes a special section to the consideration of encysted dropsy of the peritoneum. He says that it is preceded and produced by peritonitis. The fluid lies above (in front of) the intestines, the latter being bound down by adhesions, and sometimes extends over the whole anterior aspect of the abdomen, being divided into several divisions, while in other cases it is bound down by narrow limits. The abdomen is not prominent but flat. In this last statement he is partly wrong as Mr. Thornton's first case proves, and he goes on to give a tabular statement of the differences between encysted dropsy and ovarian cyst, in what he calls the third stage, under thirteen, which will not be reproduced, as ten out of the thirteen are incorrect or partly so—tabular statements as a rule being very unreliable and misleading. Peaslee is a most indefatigable collector of information, and of large experience, but is greatly inclined to generalize from insufficient data. The number of cases that have been as yet carefully recorded, render it impossible to give with any accuracy the distinguishing features of the disease. The details of Mr. Thornton's two cases are as follows, but before giving them it would be better to call attention to the fact, that the condition we are considering is entirely different from the much commoner condition in which partial collections of fluid may occur in the peritoneum as a result of the presence of malignant disease in some of the organs which it clothes. In some of the brief allusions which may be found regarding encysted dropsy, this distinction does not seem clear, and the observations are therefore of little value, and probably not worth referring to except as a note of warning.

E. S., æt. 45, married 21 years, and mother of seven children, entered the Samaritan Hospital under Mr. Thornton's care, in October, 1881. She had been sent in by Dr. Bradbury, of Cambridge,

who believed her to be suffering from ovarian tumor. The only notes Dr. Bradbury could give concerning her early history were: "I only saw her once, and then there was no kidney mischief or at least no albuminuria. I thought her a case suitable for ovariectomy." *Family history*.—Father died of old age; mother of cancer of breast, æt. 50; brothers and sisters healthy. *Own history*.—Has always been healthy; illness commenced two years ago with violent attack of retching, pyrosis and headache. Increase of size was first noticed at midsummer, 1881. The swelling was in the left iliac region, and was accompanied by a good deal of pain. Increase of size was rapid and continuous up to the date of admission. Menstruation used to be very regular monthly up to the date of admission. During the last three months it has been every two weeks and free for a week. The bowels have been loose. After the death of the patient, Dr. Bradbury referred Mr. Thornton to Dr. Ransom, of Cambridge, under whose care the patient had been during the early part of her illness, and he kindly furnished the following notes:

"I first saw Mrs. S. in February, 1880—she then was suffering from severe headache, vertigo and vomiting; there was slight œdema of the feet; urine albuminous and loaded with casts; eyesight becoming defective. There was a previous history of ague. I considered the case one of uræmic poisoning from considerably advanced renal disease. I also found during my examination of her, a swelling on the left side, projecting underneath the costal border, forwards and downwards into the abdomen, about as large as a lemon, dull and not tender, which I thought was the enlarged spleen. In January, 1881, I saw her again; she was suffering from very severe pain in the left side over the before-noted swelling; had had diarrhœa, cold chills and vomiting. Temperature 101°. The urine contained only a trace of albumen. I thought the case one of inflammation of the peritoneum or spleen, or both, from enlargement of the latter. She got much better, and under the use of arsenic the swelling lessened. In September following she called on me, believing herself to be pregnant. I corrected this impression, and gave her a diuretic mixture and never saw her again. *State on admission*.—Much emaciated—facies markedly that of an advanced ovarian case—abdomen greatly distended, the parietes so

œdematous that accurate examination was difficult, but there was clearly a large collection of fluid chiefly to the left side, and completely surrounded by distended intestines, both flanks and the epigastrium being clear. There appeared to be a slight wave of free peritoneal fluid in front of the intestines at the upper part of the abdomen. The vulva was so œdematous that vaginal examination was also difficult, but the uterus was found pressed down, os patulous and granular, cavity 3½ inches; uterus mobile, no evidence of close connection with tumor, urine scanty and loaded with urates sp. gr. 1030, acid reaction, no albumen; tongue flabby and fissured; appetite good; much troubled by flatulence; bowels loose; both legs and feet very œdematous; left especially so. The patient was bright and cheery and able to move about briskly, and was very helpful in the ward to the other patients. Mr. Thornton was in much doubt as to the nature of the case, but was inclined to regard it as one of colloid (semi-malignant) with intestinal adhesions all round it; circumstances delayed operation longer than he had intended, and on October 28th he found her in bed and complaining of great pain in the abdomen. On examination the shape had entirely altered; there was evidence of much free fluid in the peritoneum, and the œdema of the parietes had sensibly decreased. The abdomen was resonant in front, and very tender; pulse 120; temp. ran up rapidly to 104.2; next day to 104.8. Mr. Thornton treated the case as one of rupture of cyst into peritoneum. The temperature gradually came down and the pain subsided. On the morning of November 2nd the patient did not look at all in a promising condition. Pulse 124, temp. only 99.6, lower than it had been. On enquiry found she had been vomiting, and that the urine had become very scanty and of a dark mahogany color. Later in the day finding that ordinary treatment had not relieved the kidneys, and that suppression was almost complete and patient comatose, Mr. Thornton tapped the peritoneum and drew off 21 pints of semi-purulent fluid which appeared very like a mixture of ovarian and ascitic fluid. The tapping gave great relief, and with constant poulticing over the loins and milk diet, she steadily improved though vomiting of large quantities of bilious fluid was troublesome when reaction first set in after the tapping. During the whole of this attack the urine

was free from albumen but loaded with granular casts. A few days after the attack, when the kidneys were beginning to act better, there was blood in some quantity in the urine, and from this time she went back. The mind was frequently clouded and pulse and temperature very uncertain, varying from day to day and hour to hour; the urine scanty, high-colored, and albuminous, and diarrhoea alternated with constipation. There was no rapid reaccumulation of fluid after tapping, but tympanitic distension was great and the patient was much troubled by its pressure on heart and lungs. She gradually passed into a low typhoid condition, and died on the 21st November, rather more than three weeks after the sudden rupture. Mr. Allan Doran made a *post mortem* and found uterus and ovaries fairly healthy, the latter free, the former bound to the sigmoid flexure by an old and strong band of adhesion; the intestines, omentum, etc., were much matted, and the fluid had been confined at first by these adhesions to the pelvic and hypogastric regions. The right kidney was of normal size, but in the early stage of granular degeneration; the left kidney was practically destroyed; the spleen was large, 12 oz.; the peritoneum was unusually thickened and injected; there were nearly two gallons of orange-colored turbid fluid in the peritoneal cavity.

Mr. Thornton's second case, exactly a week after the death of the first, having been transferred to his care by his colleague, Dr. Percy Boulton, as a case of broad ligament cyst.

A. B., single, age 17, not emaciated, but anæmic and delicate-looking, was admitted November 28, 1881. Father, mother, two brothers and five sisters, all alive and very healthy; has never had any serious illness herself; menstruation in every way regular.

Five months back first noticed increase of size, and the increase being markedly more rapid during the last two months; was not ill at first, but two or three months back had sudden attack of pain in left side with difficulty of breathing, and was unable to lie down for three days. The doctor who was called in said that the water had gone to her lungs and heart.

*Condition.*—The abdomen is unusually flat for a case of cystic disease, but is if anything slightly more prominent at the lower third and to the right side. Fluctuation quite distinct and not so defined at upper part as usual; there is also a greater

source of resistance in manipulating than there would be with free fluid. The upper part of the abdomen is clear and the fluctuant area cannot be displaced or a clear note elicited by deep percussion. When lying well over on left side the dull area on right flank remains decreased, but still can be brought back along crest of ilium into right loin. The left flank is clear when she lies on her back.

The previous case being still fresh before us, and the patient's appearance suggestive of tubercular mischief, the examination was made very carefully and every detail fully weighed so as to make a determined diagnosis between encysted peritoneal fluid and a flaccid broad ligament cyst, but a satisfactory conclusion was not arrived at; however, the opinion arrived at was, that it was a flaccid cyst, for the following reasons:—

1. The change in position of patient did vary the area of dullness more than is often seen in cases of flaccid cyst.

2. Deep pressure around the margins of the fluid did not so displace it as to enable one to get a clear note.

3. When turned on left side the dull area still remained in right flank along crest of ilium, and far back into right loin.

Mr. Thornton being still doubtful of diagnosis, pointed out to those present what he considered the doubtful points.

A small incision having been made, and the peritoneum being opened, it was seen at once to be in a diseased condition, and appeared to be in same state as that described by Mr. Spencer Wells, the uterus and ovaries projecting far into the lower part being coated with a soft black yellow lymph which also coated the walls of the cavity and in some places hung from them in large membranes. The cavity having been carefully sponged out, (after draining off about twenty pints of turbid fluid) and all lymph that could be detached removed, the incision was closed, no drainage tube being used. As antiseptics were used, any fluid reaccumulating would be harmless, and the sponging with carbolic acid, it was hoped would cause sufficient irritation to set up healthy action in the peritoneum, so that any small quantity of fluid being poured out soon after the operation, would be reabsorbed.

Mr. Wells' case shows that the same result may

be obtained without Listerism, but one might have hesitated to close the cavity entirely, without a drainage tube, had any doubt been felt as to its asepticity. Fear was felt that the intestines falling in to fill up this cavity, might have become kinked, the abdominal walls and peritoneal cavity having been fairly distended with the fluid, (seven pints), but this proved a groundless fear. She had not the least trouble with her flatus, the bowels acted well on the seventh day after an enema. She was up and walking about on the 14th day, and left the hospital the 20th day after the operation. The highest temperature was 100·8° on the afternoon of the second day, and the highest pulse 112 on evening of the first day. There was at first a depression where the fluid had been, but this gradually disappeared and the abdomen was resonant everywhere on the day she left the hospital, and no indication whatever could be found of any reaccumulation; most probably the adhesions which bound the coils of intestines together and to the peritoneum would gradually yield to the pressure from above, and that as the intestines descended to fill the space left by the removal of the fluid, the lymph which bound them together would become gradually reabsorbed and disappear.

Mr. Thornton concludes by saying: With regard to the cause of this encysted dropsy of the peritoneum, I think we may accept Peaslee's statement, that it always follows, and is the result of peritonitis. I should be inclined to say local peritonitis. When we go farther back and seek for the causes of peritonitis we have a much larger field opened to us. The first of my cases shows that the condition may arise in a patient with advanced kidney disease. We know how subject such patients are to inflammation and effusion from serous membranes, and I think it not at all unlikely that the tumor first detected by Dr. Ransom was, as he supposed, an enlarged spleen, and from the irritation caused by this or from actual inflammation of its peritoneal covering the effusion first took place.

It is quite clear from the *post mortem* that the fluid was confined at first much as it was in the second case, but more to one side, the left, and reaching higher in the abdomen. The breaking apart of the adherent intestines allowed it to become generally diffused, and led to the condition which so closely resembled rupture of an ovarian

cyst. It was fortunate I had not attempted operation in this case, for the result would probably have been to hasten the uræmic condition, which ultimately proved fatal. I do not propose to dwell further upon the conditions in either case which helped or hindered diagnosis, because I think we must have many more accurately recorded cases before we can hope to avoid the errors into which Peaslee fell. I think, however, that we are in a position to say that in any case of encysted dropsy of the peritoneum, diagnosed as such in a patient with healthy kidneys, the proper treatment is abdominal section, removal of the fluid, and carefully clearing out of the sac and sponging with a mild solution of iodine, and I would add that provision for drainage is not needed. It is hopeless to expect unanimity as to the value of antiseptics in such cases; but for myself I can say that my opinion formed after my large experience of both non-antiseptic and antiseptic abdominal section is so decidedly in favour of the latter that I feel bound to give my patients the immunity from various sufferings and discomforts afforded by Listerism. These views have not been shaken by the results of my ovariectomies. At the Samaritan Hospital in the past year I have not drained a single case, and I have had only two deaths in 44 ovariectomies, and both occurred in young patients from whom I had removed solid malignant tumors.

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### Correspondence.

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#### MEDICO-LEGAL EXPERTS.

To the Editor of the CANADA LANCET.

SIR,—For years past, almost the only hope to which assassins and their counsel clung, was insanity, and it becomes us as professional scientists to carefully investigate this subject, that we may thereby give an opinion, the veracity, or scientific value of which, will not be questioned, such as was lately witnessed in the testimony of experts in the Guiteau trial.

Insanity being a subject that requires the most careful study and minute investigation, is apt oftentimes to be slighted, while college study is being pursued, and while clinical observation could be made, hence many of our professional brethren receive their degree without a proper

knowledge of this important subject. Why wonder then that only expert testimony is taken into account, in our so-called—Tribunals of Justice—when we are fully cognizant of the fact, that only a few, have made insanity a special subject of study, and have had opportunities of clinical research. But it is questionable, whether the evidence given by the “so-styled” experts is always in accord with the true condition of the patient. They often have only a limited time in which to base their opinion. They often only see the patient once, and the evidence given by them will depend chiefly on the condition in which the patient was at the time of the examination. True, it could not be otherwise, but when a doubt exists in the mind of the examiner, repeated examinations should be made, and greater satisfaction and unanimity of opinion would exist, if this was made a general rule before evidence is given. All observers of the insane, have noticed the so-called fits of temporary insanity in those under their charge. These fits may only occur once or twice yearly, and may last from a week to a month or longer at a time. Just what causes these fits at times, is not definitely known; but that they do occur is undisputed. A medical examination made during one of these fits, would naturally be opposite to that taken when no such “spell” exists, and the great variance in regard to medical testimony given in court, is to be found often in the varied condition of the patient at different times of examination.

No physician who has followed the testimony of the medical experts in the Guiteau trial, will say that the evidence given, was of such a nature, that no room for doubt existed, or that the testimony given from a medico-legal aspect, was at all conclusive. Nay, more, it has to no inconsiderable degree lessened the value of expert testimony in the public mind; and has been the cause of intense mortification to the profession.

It may be said, and truly, that Judge Porter, and public sentiment, found Guiteau guilty, irrespective of medical testimony; yet, there are not a few in the medical profession who fully share in the belief that Guiteau was acting under a delusion when he shot the President.

I am, &c.,

Standish, Mich.,

Feb. 13th, 1882.

P. STUART, M.D.

## OVARIOTOMY BY SPECIALISTS.

To the Editor of THE CANADA LANCET.

SIR,—I notice in the February issue of the LANCET, an article from the pen of Dr. McLean, of Ann Arbor, Mich., on Ovariectomy, in which the Dr. states that within a period of nine months he had performed ten ovariectomies, and of the ten, ten recovered. I think the doctor must be drawing upon his imagination, for some of his facts—as I am aware that in one case where he operated within the last nine months, the patient died shortly after the operation. I do not wish to insinuate that it was owing to any want of dexterity on the part of the doctor; but I take exception to the general tone of his article. It might be excusable did it emanate from a man of half a century's experience in the field of obstetric surgery, but coming as it does from comparatively a young surgeon, it partakes too much of the character of egotism, and is calculated to deter rather than encourage young surgeons who may be just as ambitious as Dr. McLean, to do good.

The Dr. states that the operation requires so much experience and dexterity that it should be confined to specialists. Here I must beg to differ with him; the operation is as easily performed as even many of our minor operations, the chief end of the battle is in the character of the case and the after treatment. The late Professor Syme, of Edinburgh, the man by whom Dr. McLean used to swear, states that the success is chiefly owing to “The more accurate discrimination of cases.” And in this connection permit me to observe that in a practice of eighteen years, some of the most lamentable failures I have met with, have been left behind as tokens, by so-called experts and specialists; in fact life is often sacrificed as the result of dexterity. I think it should be the duty of every surgeon who meets with success, to encourage others, rather than deter them. Patients are not always able to go to specialists, or to pay \$1,000 for an operation, when they might have it as safely and as carefully (if not so dexterously) performed by their family doctor.

I am, yours truly,

SURGEON.

[In the abstract of Dr. McLean's paper referred to by our correspondent, “ten” recoveries was a misprint for seven.]—Ed. LANCET.

## ELECTRICITY IN SPASMODIC STATES.

To the Editor of the CANADA LANCET.

SIR,—It is not my intention to reply to your esteemed correspondent, Dr. A. M. Rosebrugh, at much length. Permit me merely to state, that, those portions of the lectures of Dr. J. Russell Reynolds from which Dr. Rosebrugh quotes, appear to me, to express, not so much the personal views of that author, as to indicate current opinions as to the conditions in which electricity "may" be useful. In the absence of some such explanation, Dr. Reynolds' book might seem very contradictory. For example, on page 66 he tells the reader that certain effects "may" be produced by electrical treatment; among others, you "may stop" the spasm of torticollis, &c. In a future page, he gives the result of his own extensive experience, and says:—"In torticollis, *for the time being*, you can put the head straight either by a strong battery current, passed through the contracting muscles, or by faradization of the other side, the muscles of which are often weak; but *directly you cease the application, the head goes back again to its abnormal position*. I have obtained similar negative results in cases of both writers' cramp and histrionic spasm," (p. 102). Now, to have told us previously that we "may" apply electricity in these cases, is not to say much in its favor, with results like these as its practical outcome. Observe, that in the above quotation, both forms of electricity were used, and the method of application varied, so that there is but little chance of any better success in the hands of others.

It is true, that other writers report "good results," "temporary improvement," and that this agent may be used with "advantage"; but these are not cures; and we all know that enthusiastic introducers of new therapeutic agents generally credit them with curative powers which further experience shows to be illusory. Such indirect evidence as that electricity "may" be used, etc., and that it "may" relieve, etc.,—a form of expression which occurs from sixteen to twenty times in Dr. Rosebrugh's quotations, is not to be compared to the positive testimony, the result of extensive experience, under favorable conditions, deliberately recorded by Dr. Reynolds, in which, writing of the "forms of spasm in which electricity has been most

*commonly used*," he says,—“I have tried it again and again, in every available form, but have never seen it do any good,” (p. 102). Now, surely there is here a sufficient "hint" as to "Dr. Reynolds' real estimate of the value of electricity in spasmodic diseases," which it is suggested I omitted to convey. I preferred to accept the practical results of Dr. Reynolds' experience, of the use of electricity in spasmodic states, rather than the fugitive reputation it had acquired; to which this eminent teacher appeared to refer in his earlier remarks.

The question at issue, after all, is one which the intelligent readers of the LANCET can very readily solve for themselves, and I have no doubts as to the ultimate verdict.

Yours respectfully,

THOMAS W. POOLE, M.D.

LINDSAY, March 6th, 1882.

## MEDICAL BATTERIES.

To the Editor of THE CANADA LANCET.

SIR,—I have read with much interest the series of articles on Electricity, by Dr. A. M. Rosebrugh, as they appeared in the LANCET, and in my opinion he has done the profession a lasting service in thus bringing before us this powerful, yet comparatively untried remedy, in such a plain and practical manner.

If Dr. Rosebrugh, with his well-known mechanical turn of mind, or some one else, could now give us a simple, reliable, and a conveniently portable battery, he would confer a great boon upon the profession. The ordinary batteries are so complicated in their construction, and so liable to get out of order, that they require a practical electrician to keep them in a state of efficiency. I would suggest that there is ample field for usefulness in the direction indicated, worthy of the attention of the best minds, who have the ability for devising such instruments.

Respectfully yours,

W. PHILIP, M. D.

Hamilton, March 16, 1882.

## MEMBRANOUS DYSMENORRHEA—

R. Chloral hydrate.  
Potassi bromi.....aa. ʒii.  
Morphiæ sulph ..... gr. iss.  
Syrupi aurantii corticis..... ʒiii.

M. Sig.—A dessertspoonful in a wineglassful of water every four hours while in pain.—*Dr. T. G. Thomas.*

## Reports of Societies.

### MICHIGAN STATE BOARD OF HEALTH.

(Reported for the CANADA LANCET.)

The regular quarterly meeting of this Board was held January 10th, 1882, in Lansing. The Secretary presented his quarterly report. The quarter had been a very busy one, owing to the numerous outbreaks of diphtheria, scarlet fever, and small-pox in the State, which had required much correspondence and the sending out of many documents. The compilation and issuing of the weekly bulletin of health in the State is now so systematized as not to take as much time as at first. It is published in probably 200 newspapers in Michigan. In response to a request, 57 health officers of villages have begun to make weekly reports of diseases. The Board re-affirmed the demand for these reports from health officers of cities. To each place in the State where diphtheria, scarlet fever, or small-pox was reported present, a letter was written to the health authorities giving full instructions and suggestions how to prevent the spread of the disease. Documents containing elaborate and particular directions have been sent for free distribution throughout the vicinity. Each officer was requested to make a special report on the epidemic under his care, and some of the reports show how, by determined action, to stamp out a contagious disease. The number of communications written during the quarter was 1,459. The number of diphtheria documents distributed was 29,000; of scarlet fever documents, 5,000; of general rules for restriction of contagious diseases, 6,000; reprints of weekly bulletins, 7,000. Papers showing the necessity for inspection and disinfection of immigrants, their clothing, baggage, etc., and especially for a system of surveillance to their destinations, a statement was made by the Secretary, of the introduction of typhus fever in Benzie County, by Norwegian immigrants. The disease made its appearance over 60 days after the arrival of the immigrants, and spread quite freely (not being reported at the time or treated as a contagious disease by the local authorities) causing many cases of illness, and at least three deaths. The importance of inspection of immigrants at Port Huron and of keeping those believed to be liable to spread communicable diseases under surveillance until their destination is reached, and then placing them in the watchful

care of the local board of health was freely discussed. As this Board has no funds available for such a purpose, the subject was referred to the President, Secretary, and Dr. Lyster, to confer with the National Board of Health, and take such action as is possible.

A report by Hon. LeRoy Parker, relative to duties of health officers in verifying diagnosis of contagious diseases was read and ordered to be printed in the annual report. Mr. Parker reported the following: In Gaines Township, Genesee, Co., a child of Mr. B's. died of what a doctor called malarial fever, and did not report the case to the board of health, though it seems probable that it was really diphtheria. A neighbor and wife, Mr. and Mrs. B. assisted in preparing the corpse for burial. About the same time a child of Mr. S. died from "sore throat," not reported as "dangerous to the public health," and some of the children of Mr. B. attended the funeral. Soon after Mrs. B. was taken sick with diphtheria, and in turn 13 out of 14 members of the family had it, and 7 out of 10 children died. The board of health promptly isolated this household, but the attending physician's error in diagnosis, or failure to report the first case was fatal to the hopes of that family. In this connection the board adopted the following preamble and resolutions:—

*Whereas*, It is often difficult to recognize mild cases of diphtheria, or to distinguish such cases from a simple pharyngitis or laryngitis, and,

*Whereas*, such mild cases of diphtheria often communicate a dangerous and fatal form of diphtheria;

*Resolved*, That it is the duty of physicians and householders in reporting diseases dangerous to the public health, and of local health authorities in their efforts to restrict such diseases, in every case to give the public safety the benefit of the doubt;

*Resolved*, That suspected cases of dangerous diseases should be reported and precautionary measures should be taken.

The Secretary presented a report of local boards of health, showing much good work done during the past season in the restriction of contagious diseases. He read letters showing the action of local boards of health with contagious diseases, one from J. R. Thomas, M.D., Health Officer of Bay City, relative to diphtheria; one from W. G.

HYDROLEINE OR HYDRATED OIL AS  
A THERAPEUTIC AGENT IN  
WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,  
VALLEY OAK, KY.

From *New Remedies*, September, 1881.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and procured two pamphlets: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oil in Consumption and Wasting Diseases." They are ably written, and afforded an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefitted more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouth, from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines and finally dies of *literal starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses

a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9 and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient a married lady, *æt.* 32, had been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength, her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

HAZEN MORSE, 57 Front Street East,  
TORONTO,  
SOLE AGENT FOR CANADA.



**TUBERCULOSIS RESULTING FROM DEFICIENT NUTRITION.**

(From *The Medical Record*, New York.)

Various as are the opinions regarding the treatment of consumption, all writers concur in the belief that whatever measure is adopted, the strength of the patient must be husbanded with the greatest care, and the most efficient means employed to supply the system with that element which the symptoms indicate as being required to keep up the vitality while such course of treatment is being pursued as is considered suitable. The most striking indication of the presence of this dreadful disease is rapid loss of weight. The patient himself, prone as he is to disregard premonitory warnings of this insidious malady, cannot but observe an extraordinary difference in the appearance of his form, as first the face, then the trunk and, lastly, the limbs become soft and flabby, and the once well-fitting garments hang loosely about him, his flesh seeming to melt away, so rapid is the change.

**EMACIATION.**

A natural course of reasoning as to the cause and effect of emaciation under these circumstances has developed the fact that the abnormal consumption of the tissues is the result of nature's efforts to supply the waste, through the blood from the fatty tissues of the body with the requisite amount of material whose oxidation is the source of heat and nerve force, the natural supply, through the assimilation of food, having failed in consequence of an unhealthy condition of the pancreatic secretions causing an insufficient supply of chyle, or a failure on the part of the lacteal tubes, through fever or some cause, to absorb sufficient nutriment.

**TUBERCLE.**

As the attack upon the tissues of the body progresses, not only fatty tissue is absorbed into the circulation from unnatural sources, causing loss of strength, but particles of albuminoid tissue are carried by the blood and being deposited in channels where the system has no provision for throwing them off, form desquamations centres of disease which, in their turn, throw off infectious matter to be absorbed into the general system. The immense extent of delicate mucous surface in the respiratory passages of the lungs exposed to the contents of the minute blood-vessels which permeate their entire texture, offers the greatest and most susceptible field for the reposition of a large amount of this effete albuminoid tissue. This deposit forms the tubercle whose establishment in the lung is the beginning of that train of circumstances which characterizes the progress of that fatal malady—consumption. Thus it is seen that tuberculosis is either due to the defective action of the pancreatic juice on the fatty elements of the food, or to the non-absorption of the chyle into the blood.

**ASSIMILATION OF FATS.**

Fatty matter, when introduced to the stomach, undergoes little change by the action of the gastric juice, but passes, together with

the chyme or digested fibrinous and albuminous matter, to the duodenum, where it comes into contact with the pancreatic juice, and is thereby transformed into chyle, which is a very delicate saponaceous emulsion or suspension of the oleaginous portion of fat. It is when in *this condition only* that fat is capable of absorption by the lacteals, thence passing directly to the venous blood which is supplied to the lungs through the right cavity of the heart; the lungs then absorb from that blood the hydrocarbons or fatty portion, and return the nitrogenous portion to the heart, to form the globulin of arterial blood before passing into the circulation.

This function of partly saponifying and partly emulsifying fats is enjoyed by no other secretion of the alimentary canal but the pancreatic juice, unless we take into consideration the action of the saliva, which is somewhat of that nature; but as the food in most instances is subjected to the action of the saliva in the mouth for so short a time, this feature in the economy is almost inappreciable.

**TREATMENT.**

The close relations of non-assimilations of the fatty elements of food to wasting diseases, and especially to consumption, is understood, and reason would indicate that if by any artificial means the absorption of fat could be assisted by supplying, as chyle, a proper amount of oleaginous or fatty matter, a nutritive progress would be established which would modify the unhealthy action of the pancreas, and not only relieve the body from the depleting effects of the disorder, but afford an opportunity for treatment and recovery. With the assistance of a thorough knowledge of the chemical process which fat undergoes from the time of its introduction into the duodenum to absorption, a preparation has been introduced and extensively used by the profession in England with highly successful results, indicated by the very flattering commendations of it from many physicians who, having given the treatment of pulmonary disorders their special attention, are peculiarly qualified to attest its efficacy.

**HYDROLEINE.**

This preparation, to which the distinctive name of hydroleine (hydrated oil) has been given, is not a simple emulsion of cod-liver oil, but a permanent and perfect saponaceous emulsion of oil, in combination with pancreatin soluble in water, the saponification producing a cream-like preparation, possessing all the necessary qualities of chyle, including extreme delicacy and solubility, whereby a ready and perfect assimilation is afforded.

**FORMULA OF HYDROLEINE.**

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure oil.....	80 m (drops)
Distilled water.....	35 "
Soluble pancreatin.....	5 grains.
Soda.....	1 "
Boric acid.....	1 "
Hyocholic acid.....	1-20 "

Dose.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, wine or whiskey, to be taken thrice daily with meals.

The use of the so-called emulsions of cod-liver oil during the extremely sensitive condition of the digestive organs always accompanying consumption does not usually afford beneficial results. Those of the profession in this country who have under their care cases of consumption, diabetes, chlorosis, Bright's disease, hysteria, and, in short, any disease where a loss of appetite is followed by a rapid breaking down of the tissues of the body in its effort to support the combustion supplying animal heat, are urged to give this preparation a trial. It is supplied by the agent for Canada, Hazen Morse, No 57 Front Street East, Toronto, who will forward literature relating to the subject upon application.

That many of the diseases from which mankind suffer during infant and adult life are caused by malnutrition, there can be no doubt; and the extent to which non-assimilation of the life-giving properties of food interferes with recovery from severe illness, baffling the best directed efforts of the physician, points the necessity for an agent or combination of agents sufficiently potent to replace the deficient principle and aid nature in renewing the degenerated tissues.

Realizing this need, the science of chemistry produced pepsine. Richard Tuson, F. C. S. Professor of Chemistry, London, England, in the *Lancet* Aug. 13, 1870, speaks of this remedy as follows: "Since the introduction of Corvisart and Boudault's poudre nutritive into medicine, in the year 1854, Pepsine, obtained from the stomach of the pig, calf or sheep, in a state of greater or less impurity has been extensively prescribed in Dyspepsia and certain other affections. According to the testimony of some authorities of high standing, long experience in the use of this agent fully justifies Corvisart's predictions relative to its therapeutic value, which were based on physiological reasoning.

There are other authorities who express doubts as to the efficacy of Pepsine. This difference of opinion undoubtedly arises from the circumstance that pharmacutists supply medical men with various preparations, all bearing the same specific name of Pepsine, but differing very considerably in their digestive powers and other qualities. In fact, I find those who speak favorably of its employment in the treatment of disease have prescribed that prepared by the best makers, while those who express a doubtful opinion have been in the habit of prescribing those varieties or makes, which the experiments of myself and others have proved to be practically without any digestive activity, *i. e.* worthless. Under these circumstances it is *absolutely* necessary for the practitioner to be certain of the *make* of Pepsine he uses. *Pure* Pepsine, thoroughly triturated with finely powered sugar of milk (saccharated pepsine) will undoubtedly produce the best results.

Experience in diseases of the stomach, dyspepsia, etc. has demonstrated in many cases, the lack of other agents required to promote a healthy digestion beside Pepsine, namely Pancreatine and Diastase or veg. Ptyalin. Pancreatine the active principle of the sweet-bread or pancreas possesses the wonderful power of emulsifying the fats and oils of food, rendering them easily assimilated by the system not affected by pepsine in the slightest degree. Diastase or veg Ptyalin, as obtained from malted barley in the *dry* extract of malt, represents the saliva, and has the remarkable property of converting the insoluble starchy portions of food into the soluble glucose, thus rendering the indigestible and innutritious article starch into the nutritive and easily assimilated food glucose.

The value of these different ingredients and the difficulty of procuring them of the right quality led Hazen Morse, 57 Front Street East, Toronto, to experiment with various combinations during seven years' employment in the manufacture of Pepsine on a large scale and with the assistance of several prominent physicians he was finally enabled to present to the profession the following formula.

Saccharated Pepsine.....	10 Grains.
" Pancreatine.....	5 "
Acid Lactophosphate of Lime .....	5 "
Exsiccated Extract of Malt equal to one teaspoonful of Liquid Extract of Malt .....	10 "

Said formula has been registered at Ottawa under the distinctive name Maltopepsyn, thus giving the physician a guarantee of always procuring the same standard preparation and preventing their being imposed upon by imitations of inferior quality, and at the same time putting it at as low a figure (fifty cents for 1½ ozs.) as possible for such a formula to be compounded from the ingredients of the *best* possible manufacture.

Maltopepsyn has digestive power ten times greater than the best Pepsine in the market, as it digests Fibrin and Caseine, emulsifies the fat of food taken into the stomach, thus rendering it assimilable, converts starch into glucose, in fact it combines all the agents that act upon food, from mastication to its conversion into chyle, digesting all aliment use by mankind while Pepsine acts only on plastic food. Maltopepsyn also combines with the above the nutritive qualities of Extract of Malt, and the brain and nerve strengthening powers of the Acid Phosphates.

It has been found that a free acid, like Hydrochloric, does not combine well with a Saccharated Mixture, and renders it liable to decomposition, I therefore do not use it in my formula. It can be easily prescribed in solution, (say 20 drops of acid to 4 ounces of water) one half-ounce with each dose, in cases where its use is indicated.

For infants, however, Maltopepsyn will be found to yield the most satisfactory results, and the acid should be dispensed with. The necessity for the absence of acid which would tend to produce harmful results, will be recognized, when it is considered that even the slight acidity of most cow's milk, when used as food for infants, is sufficient to disagree with them.

With regard to the proper time for its administration, as before or after taking of food, opinions vary, but reason would suggest that about half an hour before eating will afford the ferment a sufficient time to combine with the existing condition of the stomach, and produce the most natural effect upon the food.

OPINIONS OF MEDICAL MEN.

46 St. Joseph St., TORONTO, Aug. 19, 1881.

I have tried both Maltopepsyn and Hydroleine in a large number of cases and have found very great benefit from their use. Maltopepsyn is one of the best remedies of its kind that I have ever prescribed when artificial aid is required for digestion. Hydroleine I have found to be one of the best, if not *the* best of its class. It is readily taken, is easily assimilated, does not produce nausea or disgust, and nourishes the body to a very marked degree. In all wasting diseases I have found it to be most satisfactory. I would strongly recommend both of these preparations to my professional brethren.

JAS. H. RICHARDSON, M.D.,  
M.R.C.S., England.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have given a very fair trial to your preparations Maltopepsyn and Hydroleine. I found Hydroleine invaluable in all wasting diseases, where cod liver oil and other tonics are generally employed, and especially in treating some cases of chronic diseases of the skin.

Maltopepsyn has been used successfully in two cases of Dyspepsia.

Yours truly,

GASPARD ARCHAMBAULT, M.D.,  
Physician to the Hotel Dieu and Professor of  
Dermatology at the Medical and Surgical  
School.

MONTREAL, Sept. 12, 1881.

Dear Sir.—I think I have employed Hydroleine since its first introduction here, and it has given far more satisfaction in my hands than any other Cod Liver Oil preparation, in cases of emaciation with cough and threatened consumption its use has invariably been followed by benefit and in many cases results have been truly remarkable. Increase in weight, improved secretions and better spirits usually follows its proper administration. In chronic diarrhœa I have found it very serviceable and for many convalescents it is invaluable.

Yours truly, W. B. BURLAND, M.D.

MONTREAL, Sept. 28, 1881.

Dear Sir.—I have used Hydroleine very freely and find it a very good tonic in all wasting diseases, principally those of the pulmonary organs.

Yours truly,

P. G. MOUNT, M.D.

Physician to the Reformatory Jail, Montreal.

690 Dorchester Street, MONTREAL, Sep. 29, 1881.

Sir.—I have much pleasure in adding my own to the mass of testimony you have already acquired in favor of Hydroleine, with the results of which I have never been disappointed. Its administration has frequently been attended with an increase in the patient's weight far out of proportion to the quantity of oil taken.

Yours truly,

A. LAPHORN SMITH, M.D.  
M.R.C.S., England, F.O.S. Lond.,  
Physician Montreal Dispensary.

531 Wellington Street, MONTREAL, Sep. 19, 1881.

Dear Sir.—What I have seen of Hydroleine is certainly to its advantage. In the first place you do not, as is done to my knowledge in other preparations, endeavor to cover up deficiencies of the oil by adding strong aromatic oils to the mixture, and again, I consider the formula more likely to secure a finer emulsion by reducing the size of the globules than is possible under other methods.

Yours truly,  
CASEY A. WOOD, M.D.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have much pleasure in testifying to the excellence of your Maltopepsyn in cases of indigestion and the diarrhœa and the vomiting of children. Beyond question it is the most successful remedy we possess in the above class of cases, particularly so in young children, doing away entirely with the very objectionable habit of administering very powerful astringents, including opium. Your preparation in these cases is prompt in its action and above all harmless.

Yours very truly,

JOHN T. FINNIE, M.D.

MONTREAL, Sept. 19, 1881.

Dear Sir.—Having occasion to prescribe Maltopepsyn often, it is with the greatest pleasure that I inform you of its entire satisfaction to the relief and cure of all those troubles which accompany dyspepsia, gastralgia, pyrosis and flatulency; it has also cured costiveness. In all these complaints I am well pleased with the use of this wonderful remedy.

Yours very truly,

J. C. DANSEREAU, M.D.

126 Bleury St., MONTREAL, Sept. 12, 1881.

Dear Sir.—I have used Maltopepsyn in a great number of cases with beneficial results and think that it is a very valuable preparation.

Yours truly,

R. A. KENNEDY, M.D.

NEW DURHAM, ONT., Oct. 1, 1881.

Dear Sir.—I prescribed Hydroleine to a patient afflicted with tuberculosis. She is wonderfully emaciated; nevertheless, from the use of the one bottle she has gained 1½ lbs., her cough has become less frequent, and she expressed a great desire to continue the use of the remedy. I write you for 4 (four) bottles to be sent immediately.

Yours very respectfully,

A. McCURDY, M.D.

UPPER BEDFORD, QUE., Sept. 28, 1881.

Dear Sir.—For the past 12 months I have used Hydroleine (Hydrated Oil) in *all* my cases presenting either a scrofulus or tubercular diathesis, and have found it answered better than any other preparation of cod liver oil. Notably with children (of all ages) do I find its *particular value*.

In suitable cases your Maltopepsyn has never failed me, and in certain cases of long standing dyspepsia, its use I found indispensable.

Yours truly,

DAVID A. HART, M.D.

Elliott, M.D., Health Officer of Pontiac, relative to scarlet fever; and one from Foster Pratt, M.D., Health Officer of Kalamazoo, relative to small-pox. The Secretary also read a *résumé* of work of other State Boards of Health, and it showed that typhoid fever was very widely prevalent, that small-pox was very prevalent in the northern and north-western states, and that intermittent fever was present in Conn., Mass., and Rhode Island.

The next regular quarterly meeting of the Board will be held on the 11th of April. The Sanitary Convention was held at Ann Arbor on the 28th of February.

### Selected Articles.

#### ABSCESS OF THE LIVER.

The following interesting clinic by Professor Whittaker, is taken from the *Lancet and Clinic*, Cincinnati.

Dr. Kelly, the resident physician, who has had immediate charge of the case will read us the history of it:—Mrs. G., æt. 32, married for two years; has had one child, which died about five months ago, aged nine months. Family history good. Personal history, so far as patient knows, is also good. Indeed, judging from the history, the patient has enjoyed unusually good health. Parturition and puerperium were perfectly normal. The patient has not menstruated for nearly two years. After the death of her child, about five months ago, she began to lose flesh and strength. This has continued progressively until she is now bed-ridden. She has a slight cough and complains of shortness of breath. Even when quietly resting in bed, she must retain a semi-recumbent posture in order to breathe easily and freely. Her appetite is fair, her bowels regular. She is very much emaciated. The abdomen at the upper portion is abnormally distended, as also at the lower portion. Palpation shows the enlargement at the upper portion to depend upon a solid body in the epigastrium and left hypochondrium. The enlargement below depends upon an accumulation of serum. There is here decided fluctuation. Above there is found a solid body jutting out from the free border of the ribs on the left side, and downwards nearly to a level with the umbilicus. The epigastrium is filled by a smooth round body which is exquisitely tender to the touch. Percussion gives fixed dullness over the hepatic region, extending from a line above the nipple in the epigastric region downward. The dullness in the lower abdomen varies with the position of the patient. The heart and lungs are normal. Pulse 112; temperature 99.5°. Urine normal except in excess of urates.

I think it must be apparent to you all that we have to deal here with some disease of the liver, which is most pronounced in its left lobe. So far as the history of the case is concerned, we have little or nothing to guide us. The most searching inquiries of the resident physician give us no antecedent disease. Dr. Kelly has taken pains to discover, if possible, some previous malady, because he knows as you know that the liver is seldom the seat of primary malady. Although it is such a big organ and has such a multitude of functions to perform, disease seldom begins in it. And while this is true of its acute, it is much more remarkably true of its chronic affections. I appeal to the history of the degenerations, the syphilitic, the fatty, the amyloid, the malarial, common conditions attended with enlargement of the liver, and you will remember of all these affections that they show their first expressions, or their first causes elsewhere. Hence the extreme importance of a history in a disease, real or suspected, of the liver.

Now, the only possible prodrome in the history of this case is childbed, a perfectly physiological condition, but we fix upon it nevertheless as the only clue we have to explain the abnormal state of the liver. So far as the statements of the patient are concerned they mislead rather than lead us to a comprehension of her conditions. For this patient came to the house to-day with a statement that she had "water on the chest." But upon examination there was found nothing wrong with the lungs; nothing wrong with the heart. Upon further examination, however, there was found something wrong in the region of the liver. There was this protrusion in the epigastrium; a round smooth protrusion, indicating an enlargement of the left lobe of the liver. There has been in the history of this case some slight œdema of the feet, but that has disappeared. You might think from this much of the history that we had to deal with a case of amyloid degeneration. On this supposition, the first inquiry you would make would be for phthisis, because one-half of all the cases of amyloid degeneration, are due to phthisis. Then you would inquire for a bone disease, for necrosis of the bone is one of the most frequent causes of it. Next you would inquire for syphilis; none of which conditions have pre-existed here. Given a tumor of smooth outline over the liver, with œdema of legs and you might naturally suppose, I say, that you had amyloid disease but you would not accept such a view unless you could find the cause of it.

Well, I came to the bedside of this patient just before I came to you, rather prejudiced in the belief that I had to deal with a case of amyloid degeneration, probably from one of the causes mentioned, possibly from malarial cause, and possibly from no discoverable cause, as such cases

do unquestionably exist. But, it must be apparent to you upon very superficial examination that there is a decided protrusion of the epigastrium; this is as you see a globular enlargement of the left lobe of the liver, and when I now put my hand upon the hepatic region, four, perhaps five, inches from the margin of the ribs, I find this hard mass, which I of course recognize to be the liver. It reaches down to two and a half inches above the umbilicus. As I trace around this tumor, I can distinguish a sulcus which divides the right lobe from the left. The left lobe reaches down to a line near midway between the ensiform cartilage and the umbilicus. The right lobe reaches over to the left to the parasternal line. The tumor has distinct edges, but it has a doughy feel. It causes pain to the patient when I make pressure upon it. Now, if we go down lower, in the abdominal cavity, you observe that the umbilicus is protruded; that the hypogastrium is also raised. I find in the iliac regions also a doughy feel which is due to the accumulation of fluid; that is, I get a distinct fluctuation.

We have here now an enlargement of the liver with a previous history of œdema of the feet. There is with this also, a considerable degree of emaciation, best shown about the chest, where the ribs are prominent and the intercostal spaces are well marked. There is in addition to this a considerable elevation of the temperature, to about  $101^{\circ}$ ; the pulse is also somewhat rapid, running 105 per minute. What, then, might this enlargement of the liver be? Well, I said I came to this case rather prejudiced in favor of amyloid degeneration. For while it is the rule that amyloid degeneration is preceded by a history of suppuration, yet we do have it occurring where there is no such history. As a rule we have a suppuration of three or four months duration. There is another fact which we know clinically, that amyloid degeneration does not affect any one organ, but several organs. The liver, spleen, kidneys and intestines are the organs of predilection. There is perhaps no affection which enlarges the liver to such a degree as amyloid change. But an amyloid liver, while it gives a doughy feel and decided resistance does not give tenderness on pressure. We ought also to find some evidence of amyloid change in the kidneys, but the urine is normal. Now we find that this woman has just a few months ago gone through with puerperium. Could there have been any suppuration during that period? There is no evidence of it, so far as we can see. Since then we have no history of suppuration in this case, and no manifestation of its change elsewhere, we are forced to exclude amyloid degeneration. It could not be a fatty degeneration, for this is a disease which comes on in high-livers or after suppuration, especially in the lungs. It is rare to cut into the liver of one who has died of phthisis

without finding evidence of fatty change. But a fatty liver is not tender to the touch. It is in no way attended with manifestations of febrile excitement. Moreover there is no history of phthisis here, for the organs of the chest have been pronounced normal. No one would for a moment think that this patient has cancer of the liver. Here is a patient who was perfectly well before parturition, was confined, nursed her child and got up perfectly well and remained so for several months before this affection of the liver came on. And, moreover, a carcinoma of the liver does not enlarge it uniformly, but there are nodules giving it an irregular outline. We should have also a discoloration of the surface. Then the patient is too young to be subject to this disease. Cancer of the liver, too, is nearly always a secondary product, but there have been no primary manifestations here. Of course, we exclude echinococcus. There could be no echinococcus here for we would then feel large, irregular, nodular masses, in which we might detect fluctuation. Specific disease we exclude because it is not, as a rule, attended with any enlargement of the organ, but, on the contrary, usually with contraction. Could it be cirrhosis? You know this disease enlarges the liver in its first stages. But cirrhosis comes on, as a rule, from alcoholism, and there has been no such history in this case. Sometimes there is no history of alcoholism. Could this then be one of those rare cases in which cirrhosis comes on after the puerperal bed? It has come on too rapidly for such a view. There has been no bile in the urine—no excess of urates; the urine is perfectly clear.

Well, now, it seems to me that we have examined nearly all the diseases of the liver except *abscess*. We have come to this conclusion by exclusion, and we will come to it, also, by direct examination. We have the enlargement, the elevation of temperature, and, what we may lay especial stress upon, the tenderness. But how shall we verify it to be an abscess? The abscess is usually found in the right lobe of the liver; but here the main amount of tumefaction is in the left lobe. It does not enlarge the liver in all its dimensions. It usually works some way to the surface. We know that an abscess of the liver sometimes discharges itself into the pleural cavity, and occasionally into the peritoneal sac, or upon the surface. Now, how can we make the diagnosis absolutely certain without the presence of pus? By aspiration. Well, I took the precaution just before I came in to insert my hypodermic needle, and I drew out this syringeful of the yellowish fluid you see. No other evidence could give us proof like that. In old times it used to be a difficult thing to diagnose an abscess of the liver. Now, when in doubt, we introduce the needle of the hypodermic syringe carried with us. No language could portray so distinctly what is the matter with this

patient as that spoken by this little instrument. It takes but five seconds to let it speak. By this means we could have recognized an accumulation of fluid of any kind: blood, serum, echinococcus fluid; and, having our diagnosis, know the treatment at once. Chapters upon chapters, written about the diagnosis of abscess of the liver we skip altogether, because the diagnosis is so easy by means of aspiration.

Now we know what is the matter in this case absolutely, and we know just what to do for it. And I would do it here before you but the patient objects. That objection may prove fatal to the patient. The abscess may break into the peritoneal cavity and set up a fatal inflammation before morning. Now pus, wherever it is located must be evacuated—*ubi pus, ibi incisio*—wherever there is pus there must be an incision. The pus must, of course, be discharged. If let alone it will burst either into the pleural cavity, the peritoneal cavity, the bronchii, the pericardium, or upon the surface. If it burst in the lungs or upon the surface, the patient may come through all right; but if the adhesive inflammation between the liver and the abdominal walls be not sufficient, and there exists a mere crevice between the liver and the walls, the pus will take that course, and kill the patient with peritonitis. In old times they cut down upon these abscesses—that is, they burned down through the abdominal wall so as to cause an adhesive inflammation, then cut through. Now, however, we aspirate it, and draw off the fluid almost without causing pain. Well, the cavity may fill up again. Suppose it does; we will then wash it out frequently, and, if necessary, inject some irritating material to prevent the reformation of the pus. I use the compound solution of iodine. There is not much color to this fluid, and it looks as if the cavity was filled with clear and laudable pus. This makes it all the more favorable for the patient, though the sac will fill again. The abscess is no doubt surrounded by a thick wall of pyogenic membrane without anfractuositities.

Now, suppose we had not found the depot of pus; still there would be no harm done. The little operation causes no more pain than a hypodermic injection. I introduced this needle before I came in without the patient feeling it at all. But because you did not find the pus you could not be sure there was no abscess. I once aspirated a man in this amphitheatre five times and failed to get any pus. The man died, and upon *post mortem* examination, I found that the needle of the aspirator had once gone into the pyogenic membrane within a line of the pus cavity. As a rule, you will hit it; but you will, as a rule, if you aspirate five times and get no pus, be correct in your conclusion that there is no abscess. You also see how little time there is to waste in a case of this kind,

and how important it is to make a diagnosis; and yet how often this is not done. I have seen a patient with a pleurisy, who was treated months for other diseases, where you could recognize an accumulation of fluid in the chest cavity by simply putting your hand on the chest; and noticing the absence of all fremitus, I put in the hypodermic needle, drew it out full of fluid and made a diagnosis in ten seconds; so can any of you. I have, I suppose, aspirated five abscesses of the liver in this amphitheatre. There is very little danger in aspiration, and yet I once met with an accident right here: A thrombus suddenly formed and the patient died on the table. That was not a case of abscess of the liver, however, but of the lungs. Our pathologist, Dr. Walker, tells me of two fatal cases he knows of where the pus trickled out from the wound of aspiration and produced a fatal peritonitis. Such an accident could only happen through the use of too large a tube. You can pump out thick matter through a very fine tube.

#### CARCINOMA OF THE BREAST.

By DR. S. W. GROSS, Philadelphia. (New York Academy of Medicine, Jan. 19th, 1882. *Medical Record* report).

The conviction is steadily gaining ground that carcinoma of the breast is curable, and that it is primarily a local affection and not an expression of constitutional taint, discrasia or diathesis.

In favor of these views are Virchow, Billoth, Fischer, Esmarch, Nussbaum, Volkmann, Kocher, Hutchinson, Gull and others in Europe; and Parker, Gross, Peters and others in this country.

In connection with this subject three important questions arise:

1. Does the knife prevent local dissemination of the disease?
2. Does the knife prevent lymphatic involvement?
3. Does the knife prevent the development of metastatic tumors?

*First.* Does surgical intervention prevent invasion of adjacent tissues? This question must be answered in the affirmative in a certain proportion of cases. The conclusion of the reader was that extirpation precludes extension to the skin and surrounding parts in *ten* per cent. of all cases.

*Second.* Does surgical interference with the knife prevent involvement of lymphatic glands? It certainly does.

*Third.* In attempting to answer this question—Does the knife prevent the development of metastatic tumors—it must be borne in mind that such tumors are not always developed.

After analyzing several collections of cases, Dr. Gross reached the conclusion that operation prevented implication of internal organs in 32.30 out of every 100 cases.

Again, life may be prolonged and permanent cure may be effected by surgical intervention. Extirpation adds one year to life. Special attention was directed to Volkmann's statement that the result might be regarded as final if the patient survives over *three* years after the *last* operation. The author of the paper then presented an analysis of 524 cases, in which 1 in 9.19 fulfilled these requirements. Subjecting the 524 cases to Paget's severe test—that the patient should live more than ten years from the beginning of the disease, or that the disease should be stationary—he found that 1 in 5.7 fulfilled these requirements. The average duration after operation in all these cases, was from seven to ten months. An analysis of 57 cases cured was then given, and the conclusion reached that recurrent tumors should be freely extirpated as soon as they appear.

The absence of glandular implication does not afford absolute guaranty that secondary deposits are not in the viscera.

Dr. Gross makes it a rule to amputate the entire mamma, search for any outlying nodules, dissect away the fascia overlying the pectoral muscle, open the axilla, and remove any glands which have escaped observation previous to interference. Heretofore, one cure out of every nine and one-fifth cases has been the most expected from early radical measures; but there was reason to believe that the ratio of cure would be increased. Partial operations should be *discarded*, for they are more fatal than removal of the entire breast, and they hold out but little prospect of permanent recovery. He believed that in the future the mortality from radical procedures would not reach ten per cent.

The conclusions reached by the author of the paper were substantially as follows:

1. That surgical intervention in carcinoma of the breast tends to retard the progress of the disease by preventing local dissemination, implication of associated lymphatic glands, and the development of visceral tumors.

2. That local reproductions do not militate against permanent recovery, provided they are thoroughly and early excised as soon as they appear, and that lymphatic involvement does not forbid operation, since, in fact, glands were removed in more than one-third of the examples of final cure.

3. That the subjects are, almost without exception, saved from local and general reproduction, if *three* years have elapsed after the last operation.

4. That the risk from operations is outweighed by benefits which accrue from them, since they not only add twelve months to the life of the patient, but also cure one-half as many patients as they destroy.

5. That all carcinomas of the breast—if there is no evidence of metastatic tumors, and if thorough removal is practicable—should be dealt with as

early as possible by amputating the entire mamma, integument and all, dissecting away all the subjacent fascia, opening the axilla, with the view to exploration and removal of all the glands not palpable prior to interference.

An interesting discussion followed. Dr. Gross, in closing the discussion, said that the 17.87 per cent. of the mortality from the immediate effects of interference, was accounted for, to a certain extent, by the mode in which the axillary wound was treated. Instead of veins being ligated, the wound was stuffed with material which caused the secretions to be pent up, and pyæmia and septicæmia, and other bad accidents, followed. The operations which were followed by such a rate of mortality were not performed in English and American hospitals, but for the most part in Germany, where the mortality had been notoriously high.

He had removed the breast in seventy-two cases; seventeen by the thorough operation, fifty-five by the common operation, and he had lost only two patients, or less than 1.5 per cent. At most, the mortality should not reach five per cent. He thought that surgeons should expect better results than preventing the extension of the disease in 10.87 per cent. of all cases of cancer of the breast; that was the limit obtained by *all kinds* of operations. But he had presented the more thorough procedure, believing that if it was more uniformly practiced, better results than those already given could be obtained.

Recurrence of carcinoma after the ordinary operation was the rule, and generally in the line of the cicatrix. It was his point, and he regarded it as the most important. Why do we leave anything in which the disease may recur? To rid a field of large weeds, and leave the little ones standing, did not cleanse it; the farmer must remove the small weeds as well as the large, if he would not have his crops destroyed. The thorough operation was not especially serious. He had lost only one patient out of the seventeen upon whom he had performed it, and in that case the patient was a bad subject, enormously fat, and she died on the *third* day, from causes unknown. The disease recurs in the skin—if not in the skin, in the subcutaneous connective tissue and fat. Hence, why leave these tissues behind? His method of procedure is as follows: First, palpate the entire mammary region; feel for lobules outside of the gland in the axilla, above and below the clavicle, and then, instead of making an elliptical incision, embracing the nipple and a small portion of skin, remove the breast by a circular incision, remove the pectoral fascia, then secure blood-vessels, then prolong the incision into the axilla, which is to be explored with the finger, thoroughly, and all glands in the least affected removed; ligate with catgut each vein which goes into the axillary veins and all the arteries; make a clean and complete dissection of the axilla, and

then, after all hemorrhage has been stanch'd with hot water, a drainage-tube is inserted, and the lips of the wound approximated as closely as possible by stitches, introduced one and one-half or two inches from the edges, and the remaining space left to heal by granulation. In some cases it will be possible to approximate the edges of the wound accurately. He believed that carcinoma is, primarily, a local disease, and the sooner such an operation, for its radical removal, was performed, the better.

### ON TAPPING THE BLADDER THROUGH THE PROSTATE.

BY REGINALD HARRISON, F.R.C.S., LIVERPOOL.

Tapping the bladder is an operation which is not often necessary; I believe it may occasionally be resorted to even when a catheter can be passed. Assuming it to be required, how is it to be done?

Tapping with the aspirator-needle above the pubes is a safe proceeding, and for affording temporary relief is to be recommended. A surgeon who finds himself in difficulties with a distended bladder, a large prostate, and false passages, is likely to do less harm with the needle than with the catheter, and is sure to give relief. Taking off the tension by withdrawing the urine generally permits the instrument to pass on the next trial. This method, however, can only be used for temporary purposes.

Tapping the bladder above the pubes with a trocar for the purpose of establishing a more or less permanent drain is very much like opening an abscess at its least dependent spot. Urine ascends the canula against gravity, and the products of inflammation of the bladder, usually present in some degree, remain behind in the pouch undischarged. Tapping through the rectum requires the retention of the canula in the intestine, and is thus an obstacle to defecation. Forcing the end of the catheter through the enlarged prostate is an unsurgical proceeding not to be entertained. Tapping the membranous urethra leaves us in the position of having the obstructing prostate behind the opening. There is a point in the wall of the bladder unconnected with peritoneum through which a trocar and canula may safely be passed. I refer to the prostate gland, which in old men, where paracentesis is more frequently required, often affords a considerable area for the operation. I will illustrate this method by the following case, only premising that over twelve months ago I recognized its propriety, and tested it on the dead subject. I then had the instrument made for the purpose; but though having considerable opportunity for dealing with retention of urine under all circumstances it was not till quite recently that a case in point presented itself. I mention this as explaining how I came to be pre-

pared instrumentally for doing that which I will briefly describe:

N. D., aged eighty-four, was admitted to the Liverpool Royal Infirmary at 2 a. m. on 4th of November, 1881. My house-surgeon, Mr. Laimbeer, found him bleeding from attempted catheterism with a large prostate, and a distended bladder. Recognizing the urgency of the case, and finding catheterism impracticable, he emptied the bladder with the aspirator above the pubes. I saw the patient a few hours afterward, and found that he had not passed urine since, and that no catheter could be introduced. His tongue was brown, and he much exhausted. Later on I again visited him, when the bladder had become fully distended. I then had him placed under ether, and succeeded in passing a gum-elastic prostatic catheter. Beyond demonstrating that the difficulty had been overcome I declined letting any more urine be drawn off for a reason arising out of recognizing that either the catheter must be retained or re-introduced when required; neither of which proceedings I was disposed to recommend.

Retaining a catheter in the bladder of an old man somewhat childish, and disposed to remove any appliance if not closely watched, is not easy, and when it is done it often ends with death from cystitis, pyelitis, and exhaustion. This was a case where, in my judgment, it was wisest to establish a permanent drain; and to do this in the manner on which I had determined required a tense and not a flaccid bladder. Taking a trocar which had been made for the purpose, with a silver canula I introduced it in the median line of the perineum, three quarters of an inch in front of the anus, and pushed it steadily through the prostate into the bladder, at the same time retaining my left index finger in the rectum for a guide. On withdrawing the trocar a large quantity of ammoniacal urine escaped. The canula, being provided with a shield, was secured in its place by tapes much in the same way as a tracheotomy-tube. A piece of india-rubber tubing was attached to the portion of canula which projected beyond the shield, and conveyed the urine into a vessel placed at the side of the bed. The urine continued to dribble through this tubing. The patient was at once made comfortable by this arrangement, and in forty-eight hours he was up, sitting in an easy-chair—an important matter with old persons. To permit of this the rubber tubing is shortened during the daytime, the end of it being tucked through a light abdominal belt, where it is compressed by a small pair of bulldog forceps, which are removed when the patient desires to pass urine. He is quite as well as most men of eighty-four years of age are. He gets up daily, takes his food, and sleeps comfortably, either on his back or his side, without any narcotic, and is quite free from any urinary inconvenience other than wearing his tube. During



the night his sleep is not broken by calls to micturate or pass catheters, as his urine runs off by the tubing as it is excreted; while in the day-time when he is up and about his act of micturition practically resolves itself into something equivalent to the turning of a tap. His urine, which had been fetid and ammoniacal, is now nearly normal, the bladder being readily washed out by applying a syringe to the canula twice a day. On two or three occasions the canula has accidentally slipped out while the tapes were being changed, but has been readily replaced by the nurse. The somewhat enthusiastic manner in which the patient compares his present with his past condition can not be passed by entirely unnoticed.

The operation was devised much on the same lines I endeavor to take in commencing my lithotomy incision—namely, the selecting of a point in the perineum which endangers no vessel of importance. My object in planning the operation was to obtain what I can best describe as a short low-level urethra, adapted to the altered relations of the bladder to the prostate when the latter becomes enlarged, for the purpose of securing the most complete drainage. I should add that since the tapping, as far as we are aware, the patient has only passed a few drops of urine by the urethra.—*British Medical Journal*.

**SPONGE GRAFTING.**—In the *Edinburgh Medical Journal*, fo. November, Mr. D. J. Hamilton, Pathologist to the Edinburgh Royal Infirmary, has a long and very interesting article on what he has named "Sponge-grafting." By means of a piece of antiseptic sponge he has been able to fill up cavities with granulating tissue, and to cause large ulcers to heal, which would not fill up or heal over by any other method. The first experiment related is the one made upon a sloughing ulcer of the leg, which was circular in shape, five inches in diameter, and from one-half to three-quarters of an inch in depth. The question of amputation had been raised. On August 3rd, however, the wound was filled with one large piece and several smaller pieces of antiseptically prepared sponge. The sponge fitted the wound accurately, and was inserted under the undermined edges. The dressing consisted of green, protective, carbolized lint, and dry boracic lint and bandage. By August 8th, the wound appeared to have shrunk a little, and the thin edge of the sponge felt firm, as if filling up with some substance, and if the surface was pricked it bled freely. The edges of the sponge appeared to be dissolving. On November 29th there was only a small portion to be seen on the surface. As soon as the sponge became vascular, epithelium spread rapidly over it. Mr. Hamilton says: "This experiment showed me that if sponge be placed over a granulatory surface, its interstices will, in course of time, become filled

with blood-vessels and cicatricial tissue, just as in the case of a blood-clot, and, ultimately that the whole of the sponge will disappear in the wound, leaving an organized mass of new tissue in its place. It further showed that even when the wound continues in a putrescent condition, organization will still go on. In the case of the blood-clot, putrefaction tends to destroy it; in that of the sponge, its texture being more resistant, it does not seem to make much difference." Several other experiments are given, showing the adaptability of sponge for filling up a cavity such as that which is left after the removal of a tumor. The article then closes with some suggestions as to the applications of sponge-grafting:

"Having once recognized the principle that a porous body may become vascularized, and be the medium for the construction of new tissue, the application of the method to various purposes naturally suggests itself. In applying any porous body with a view to this organization, certain points must always be kept in mind. The porosity of the body must be such that all the canals freely communicate. Sponge is exquisitely suited for the purpose on account of the free anastomosis between its channels, but many other substances might be utilized in the same way. I have of late thought that charcoal or calcined bone might be employed in certain cases. For one purpose, at least, such a solid framework would be useful. Where it is desired to prevent contraction of the newly formed tissue when it cicatrizes, where it is of moment to retain the newly formed tissue of its original bulk, then a solid framework must be employed. A solid framework will, I feel sure, organize just as a sponge would, and will have the special quality of preventing cicatricial shrivelling. When once incorporated with the tissue it will not cause any more irritation than the calcareous matter of a bone does. A dead body of this kind is not of itself an irritant. It is the injurious application of it, or the septic matter which it may introduce, which gives rise to the mischief. Such a solid framework, it strikes me, would be particularly useful for forming new bone. One of the great dangers of a simple periosteal detachment operation, is that the future bone is not sufficiently bulky and strong. By supplying a solid framework of this kind we would avoid this, and the formation of bone would proceed within it just as well as in the spaces of cartilage or the meshes of a fibrous tissue."

Mr. Hamilton stated some years ago that granulations are not formed of new vessels, but that on account of the removal of the skin the superficial capillaries are, by the propelling action of the heart, thrown upwards. If there is a blood-clot in the wound, it acts as a mechanical support for these capillaries, which are pushed into it from all sides. Believing, then, that the blood-clot was acting

mechanically, he determined to substitute some dead, porous, animal material, and accidentally hit upon sponge. This he has found to act admirably. Thus, another important advance has been made in the dressing of wounds, and we expect that it will be found to be very generally applicable, especially when there is a cavity to be filled, or when it is important to prevent contraction from cicatrization.—*Western Lancet.*

**FRENCH TREATMENT OF ITCH.**—At present itch is cured in one hour and a half (at St. Louis Hospital). The first half-hour, the patient, absolutely nude, rubs himself from head, or rather neck, to foot, with soft soap. The second half-hour he is put into a tepid bath, where he continues the soft soap frictions. The third half-hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself, his clothes are purified in a specially constructed stove at a temperature of 120°, and exposed to sulphur vapour. Four thousand itch patients are treated here (St. Louis) annually. The hospital treatment is a rough one and sometimes causes attacks of eczema. It may be mitigated thus: toilet soap is substituted for soft soap, and Hardy's modification of Helmerich's ointment used—lard 100 parts; sulphur 16 parts; bicarbonate of potash 8 parts, by weight. The patient should have his sheets and all under-linen changed immediately.—*Medical Times, from Gaz. de Hopit.*

**THE OPERATIVE FIXATION OF FLOATING KIDNEYS.**—Considering that the extirpation of the kidney is itself a serious operation, and that, moreover, by the removal of one kidney an increased function is thrown on the other possibly defective kidney, surgeons will welcome the new method recommended by Hahn (*Centralb für Chir.*, 1881, No. 29). He has already practised it in two cases of floating kidney, the right in both cases), completely relieving all symptoms in one case, and greatly alleviating the other, where the left kidney was also slightly movable. The patient lying on his left side, a vertical incision is made along the outer edge of the erector spinæ from the twelfth rib to the crest of the ilium, dividing the latissimus dorsi and quadratus lumborum muscles. The kidney, in its fatty capsule, is then pressed from the abdominal side into the wound, and there fixed with six or eight catgut sutures. Both cases recovered without a bad symptom. Since, in both cases, the kidney became after a time again slightly movable, the operator recommends that the fatty capsule should be opened, separated from the kidney, and firmly sutured into the wound, while, also, the kidney should be fixed as low down as it can possibly be drawn.—*London Medical Record*, February, 1882.

**THE DOCTOR HIS OWN PHOTOGRAPHER.**—The *Medical News* (Philadelphia) calls attention to a recent invention by means of which photographs may be made by the medical man. "Medical men very frequently want photographs in cases of injury, deformity, tumors, etc., but the trouble and expense have been serious bars to obtaining them; and many patients, too, cannot go to the photographer. Drawings are often even more expensive, and labour under the disadvantage of possible inexactness. Recently, however, the introduction of the 'dry plate' process has so simplified the method, avoided the former dangers, and reduced the expense, that any one of ordinary intelligence and means can now take all the photographs he wants at a moment's notice. At the Cincinnati meeting of the American Association for the Advancement of Science, last August, Mr. Walker, of Rochester, N.Y., showed a 'pocket camera,' which, according to Prof. Lattimore, supplies every want of the inexperienced amateur. Its weight is only two pounds. 'Dry-plate outfits' are now to be had at a cost of \$10 and upward, which are excellent. Provided with one of these instruments, the doctor would always be prepared to photograph any case he desires, at his office or in the sick room. Our hospitals, especially, should be provided with such an outfit, so that cases and specimens could be photographed at any time, even by a resident. Our microscopists would also find it exceedingly useful to make permanent many a transient preparation not suitable for preservation."

**CATHETERISM OF THE TRACHEA IN CROUP.**—A correspondent writes (*British Medical Journal*), that he was called to a girl 2½ years old, for croup. It was evident by the pulse, which was about 150, and almost imperceptible, that unless some relief could be given, the end was not far off. The face gradually became pale, and wore a distressed expression, and the lips were of a livid blue color. As the mother objected to tracheotomy, and as emetics, hot baths, and the ordinary routine treatment, had been previously tried, I introduced a large (No. 12) gum-elastic catheter into the trachea, with less difficulty than I anticipated—having first gagged the child's mouth with a cork, for the want of something better, and depressed the tongue with a spoon. After a severe paroxysm, she succeeded in getting a pretty good breath, and the next expiration was followed by the ejection of muco-purulent *débris* and sticky phlegm through the tube. In about ten minutes these convulsive efforts ceased—the child, in the meantime, getting a good amount of air into her lungs. In half an hour her face was flushed, but had lost its lividity, and the breathing was fairly comfortable. The tube was retained by tape tied round the child's neck, and was removed twenty-four hours after its insertion, when the temperature had fallen to 100°

Fahr. and the pulse to 110. Five days later she was running about the house, not much the worse for her dangerous illness. I observed hardly any difficulty in swallowing liquids after the first two or three attempts, when the tube had been introduced.—*Med. and Surg. Reporter.*

**IODOFORM IN THE TREATMENT OF DISEASES OF THE SKIN.**—Mr. Fraser has obtained very favorable results from the use of iodoform in various diseases of the skin. It may be readily employed in the form of an ointment of any required strength, mixed either with lard or vaseline. The strength of the ointment made use of has ranged usually from ten to thirty grains of iodoform to the ounce of cerate, but double this quantity can be applied. It has proved a most useful remedy in healing local eczematous eruptions occurring in strumous children and young people, as well as in cases of impetigo. Mr. Frazer also directs attention to the properties it possesses in curing porrigo decalvans. The best results he has as yet attained have followed the application of vesicating collodion over the affected spot and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot, and when the blister is healing the ointment of iodoform should be applied night and morning, or oftener; by this treatment the hair soon reappears in a healthy condition.—*British Medical Journal.*

**GALVANO-PUNCTURE IN AORTIC ANEURISM.**—Mr. Richard Cannon reports the case of an aortic aneurism which had almost reached the point of rupture, the skin being reddened and very thin over the tumor, which was cured by the insertion of two needles connected with twelve Stohrer cells. It is stated that when the needles were withdrawn no current was to be detected, so the favorable results may with equal probability be attributed to the mere presence of the needles or to the electrolytic action. The needles remained in the tumor only twenty minutes; at the end of ten days the tumor, which had only been the size of a walnut, flattened down to the chest walls, pulsation and redness had disappeared, and there was no pain or cough. Iodide of potassium was administered internally throughout the treatment.—*Lancet.*

**SOLIDIFIED WINE AND BRANDY.**—An Italian has invented a process for solidifying wine. From a small quantity of this extract may be obtained a bottle of generous wine of good taste and beautiful colour. The object is to victual ships and supply armies. A French chemist has found a chemical combination by which he can solidify and even crystallize brandy. The brandy in its new form looks like alum. It entirely loses its smell. The facility with which it can be transported is the main recommendation of the new invention.—*Medical News.*

NOTHING is worse than a vacillating physician whom each notion, each wish of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.—*Da Costa.*

**HYSTERIA.**—When called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do any thing else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly, take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.—*Dr. Wm. Goodell, in Clinical News.*

**EARACHE.**—In the course of practice, you will often be called upon to attend a case of earache. This means, pathologically speaking, acute inflammation of the membrane tympani. Now, in such a case, you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a desirable result may be obtained is similar to that which you will find so beneficial in analagous cases of eye disease, viz., leeches behind the ear, hydrag. c. creta and belladonna powders, with warm fomentations.—*Prof. Wharton Jones, in London Lancet.*

**TREATMENT OF CHRONIC ECZEMA.**—Avoid the use of soap as this is irritating. Twice a day bathe the part in an aqueous solution of borax, one ounce to the pint. Dry without friction and freely apply the benzoated zinc ointment, then bandage the part firmly with old dry muslin which has been previously wet with a saturated aqueous solution of borax. Over this apply a bandage of oiled silk in such a manner as to exclude the air perfectly. Let the bowels be kept regular. In the majority of cases eczema can be promptly cured by the simple exclusion of air. Eczema of the fingers will generally yield in a few days if the air be excluded by the ordinary rubber cot.—*Chic. Med. Rev.*

**OBLIGATORY VACCINATION** of infants has just been adopted by the Swiss Government.

# THE CANADA LANCET.

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

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

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TORONTO, APRIL, 1882.

*This Journal has the largest circulation of any Medical Journal Canada.*

## REPORT OF THE REGISTRAR-GENERAL OF ONTARIO.

The total number of births, marriages and deaths registered in Ontario in 1880 was 74,897—42,312 births, 12,783 marriages, and 19,802 deaths, being an increase of 3,395; or 4.7 per cent. over the registrations in 1879. It is estimated in an appended review or decennial report that in 1880 over 90 per cent. of the marriages were registered—6.8 per 1000 of population; fully 70 per cent. of the births—22.4 per 1,000 of population; and nearly 60 per cent. of the deaths—or 10.6 per 1,000 of population; so that it appears that the proportion of deaths registered per 1,000 has nearly doubled during the last ten years, and the actual number registered has more than doubled (9,182 in 1871, and 19,802 in 1880); the registration of births have increased from 50 per cent. to 70 per cent.; and the registration of marriages from 75 per cent. to over 90 per cent. of the numbers estimated. There were 108.5 males born to each 100 females. There were registered 671 illegitimate births, an increase of 147, or 28 per cent. over the previous year. There were 407 pairs of twins, and 6 births of triplets. Of the 12,783 men married, only 129 were under the age of 20 years, while 2,698 women entered the matrimonial state before arriving at that age. In one instance an octogenarian married a young wife just out of her teens.

In the death wave for the year there were the usual two high points and two low points. The most marked feature in the wave for the year was

perhaps the low point at which it started we should say (not subsided), in January. Of the total deaths recorded in the year only 7.3 per cent. were registered in this month. In the four preceding years the average percentage for January was 8.5; and 8.3 per cent. was the lowest for any one of those years. The wave rose rapidly, however, through February (1880), and in March there were 618, or 42 per cent. more deaths than in January. This altitude, the highest in the year, extended into April, but in May the wave sank lower than in February, and in June fell to the lowest point in the year, being the second low point. In July it swelled up again, though not so high as in May; but in August and early in September it had nearly attained the May altitude, where it remained until the end of the year, with the exception of a slight downward curve in November. The peculiar features in the wave for the year were two: the first high point reached in March (from which the wave usually recedes a good deal in April) was maintained throughout April and did not fall until May; and the wave, having risen to its second high point in August, did not recede again during the year except slightly in November, there being an absence of the usual marked fall or low point after the summer high point. The returns show that in 1880, as in 1879, the mortality in March, and also in April, was very high, and that this was largely due to deaths from lung diseases, especially from inflammation of these organs.

In regard to the certified causes of deaths no marked improvement in diagnosis is credited to the doctors, unless it be "concealed behind the fact" (whatever that means), that there were nearly 100 less deaths attributed to old age, while there was a larger number of deaths registered of persons who lived to reach the Psalmist's allotted period of 70 years, than in the previous year. Consumption, as usual, caused about one-ninth of all the deaths. Over 33 per cent. more deaths were registered as from pneumonia than in 1879; and over one-sixth of these occurred in March. Over 43 per cent. more deaths were recorded as from diphtheria in 1880 than in 1879; over 30 per cent. more from bronchitis, and over 50 per cent. more from congestion of the lungs, than in 1879. There was a very large increase in the number of deaths from scarlet fever and measles.

Appended to the Annual Report is a Review

the births, marriages and deaths registered in the Province since registration came into operation, especial attention being paid to the returns for the last ten years—1871 to 1880 inclusive. This will be found more interesting to lay readers than the usual annual reports, and is well calculated to create a more general interest in the subject of registration. Of all the deaths recorded during the ten years, 1870 to 1880, excluding 1875, for which no report was issued, 47.8 per cent. were of those under 20 years of age; 17.0 per cent. were of those between 20 and 40 years of age; 12.6 per cent. were between 40 and 60 years; 7.7 per cent. between 60 and 70 years; and the remainder, 15 per cent., were of persons more than 70 years of age. The deaths from zymotic diseases as a class, as compared with the total number of deaths from all causes, show a decided decrease in the ten years, though in some of the diseases of the class—in croup and diphtheria, for instance—there was an alarming increase; in cholera infantum there was a slight increase. "As the diseases of this class for the most part prevail at times epidemically, an increase, small or great, is at any time liable to take place from the breaking out and spread of an epidemic of any one or more of them. The decrease, therefore, during so short a period does not necessarily, by any means, show the commencement of a permanently improved condition of the public health, nor that such condition will follow." In tubercular diseases there was a slight decrease also. In diseases of the nervous system there was a marked decrease, owing to the subsidence of an epidemic of cerebro-spinal meningitis, which prevailed in 1872-73, and which has been placed in this class, "but which has the characteristics of a zymotic disease." In diseases of the respiratory organs, there was an increase in the proportion of deaths registered; and in diseases of the urinary organs there was a slight increase.

As to the special diseases, there was a slight increase in the proportion of deaths from consumption; a large increase from both heart disease and cancer—20 per cent. and 33 per cent. respectively, and a slight increase from inflammation of the lungs, liver disease, kidney disease and paralysis.

In phraseology, some portions of the report, and especially the annual report are unique. Besides showing many glaring inaccuracies, it tells us about

a "heavy" death-rate and a "heavy" mortality, while any number of mortals were "attacked." There would seem to have been but few deaths and many, many "victims"; even "victims" of innocent old age and infantile debility. The 19,802 who died were doubtless a victimized lot; some of the "victims died." Bronchitis, croup and congestion of the lungs "usurped the places of dropsy, enteritis, diarrhoea and typhoid fever in the list of the ten highest causes of death." We are told some funny things, for example, that medical men have a deep and "unabiding" interest in the collection of vital statistics. Some sentences it would appear were not intended to be understood by ordinary mortals, some of "those things which no fellow can find out."

#### ONTARIO BOARD OF HEALTH.

The people of Ontario are to be congratulated upon the passing of an Act, during the recent session of the Legislature, establishing a "Provincial Board of Health." The measure was introduced by the Government, and carried through almost without amendment, the medical gentlemen on both sides of the House giving it their unqualified support. No one will question the utility and necessity of such a measure, and few can appreciate the value of it so highly as the members of the medical profession, who have ever shown themselves ready to further the interests of the public in the matter of sanitation. In fact, this much-needed reform has been accomplished mainly through the active exertion of the medical profession in this Province, aided by the influence of the medical press. We look upon the advent of the present measure as merely an instalment of what will ultimately become one of the most important enactments on the statute book. There is much scope for improvement and a wide field for cultivation in the important subject of public health, and the enthusiastic sanitarian will not rest until all that human skill can devise and human ingenuity invent for the prevention of the spread of disease, has been accomplished. It is much to be regretted that a larger sum had not been appropriated to this important object by the Government, but it is to be hoped that the small sum placed in the estimates will be supplemented from year to year, as the necessities of the Board may require.

The Board of Health is appointed by the Lieutenant-Governor in Council, and consists of seven members, including the Chairman and Secretary. Three are appointed for a period of two years, and the other three for a period of three years ; subsequent appointments to be for a period of three years, and any retiring member is eligible for re-appointment. The chairman will receive a salary of four hundred dollars per annum, and the secretary one thousand. The services of the other members of the Board shall be honorary, and they shall be paid no per diem allowance or compensation except their travelling and other necessary expenses, when employed on the business of the Board. The meetings of the Board shall take place quarterly at Toronto, and at such other times and places as they may deem expedient. It is contemplated by the Act that the board shall keep at all times an adequate supply of vaccine matter, for the purpose of supplying at, cost price, legally qualified medical practitioners in the Province with such reasonable quantities as they may from time to time require. The Act also gives increased powers to local Boards of Health ; and clause 14 provides that when the small pox or any other disease dangerous to public health, shall break out in any municipality, the health officers or Local Boards of Health, in case the municipality shall not have provided the same, shall immediately provide a temporary hospital for the reception of the sick and infected at the cost of the municipality, and such hospital shall be subject to the regulations of the health officers or local Boards of Health. Provision is also made and power given to local Boards of Health, to use all necessary means to prevent the spread of contagious diseases, by isolation, disinfection, etc., etc., and lastly, clause 20 imposes a penalty upon householders or physicians who shall refuse or neglect to give notice of the existence of any disease dangerous to public health, when the same has become known to them.

The following is the *personnel* of the Board so far as announced : Dr. Oldright, (Chairman), Drs. Covernton, Cassidy, and J. J. Hall (Homœopathist), of Toronto, Dr. Rae, of Oshawa, and Dr. Yeomans, of Mount Forest. The secretary has not yet been appointed. Although the selection of the chairman does not meet our approval, yet as the appointment has been made, we feel that that gentle-

man should have a fair trial. It is a position that requires a thoroughly practical man, possessed of good tact and judgment, and having the entire confidence of the medical profession. A mere theorist is well enough in his way, but is entirely out of place when put forward as the governing spirit of an undertaking that requires practical talent of the highest order to make it a success. We sincerely trust that the practical qualifications of the other members of the board, will more than offset the disadvantages which might otherwise accrue from having an unpractical man at the head of affairs.

A good deal of labor in connection with the organization of local boards and other matters connected with the operation of the Act will devolve upon the Secretary, and it is to be regretted that a larger salary had not been attached to the office, so as to enable him to devote his whole time to the work. It will be difficult, we apprehend, to obtain the service of a medical man actively engaged in practice, as the duties, if properly performed, will necessarily engage much of his time, and prevent him from supplementing his income by the serious inroads his enforced absence from the city, from time to time, will make upon his practice.

#### ONTARIO BRANCH MEDICAL ASSOCIATION.

The first regular meeting of the North-Western Branch of the Ontario Medical Association was held in Palmerston on Wednesday, Feb. 15th. The following members were present : Drs. Clarke, Collinge and Stewart, of Palmerston ; Nichol, Philp, Dillabough, Burgess, and Dingman, of Listowel ; Allan and Cowen, of Harriston ; Yeomans, Ecroyd, and Jones, of Mount Forest ; McLaren, Baird, and McArton, of Paisley ; Holmes and Graham, of Brussels ; Martyn, of Kincardine ; Stalker, of Ripley ; Mackid, of Lucknow ; Clapp, of Mildmay ; Hodge, of Mitchell ; Gun of Durham ; Holstein, of Cedarville ; and Stewart, of Brucefield.

Communications were received from Drs. Henderson, of Arthur ; C. E. Barnhart, of Owen Sound ; Robertson, of Markdale ; Hyndman, of Exeter ; Sloan, of Blyth ; Gillies, of Teeswater ; McDonald, Bethune, and Tamblin, of Wingham—regretting their inability to attend.

During the early part of the meeting the chair was occupied by Dr. Clarke, of Palmerston, and afterwards by Dr. Yeomans, of Mount Forest, the President.

Dr. Collinge, of Palmerston, read a very carefully prepared report of a case of gangrene which he had recently under observation. The patient was a married woman, aged 32, who, when she first came under Dr. Collinge's care, on the 29th of July, 1881, complained of a pain in the lumbar region, general weakness, and a discharge from the vagina. On examination there was found some abrasion around the os uteri, which, with the discharge, entirely disappeared in a week after the application of nitric acid. On the 4th of August she complained of numbness and loss of power in the left arm, followed in a few days by a similar condition of the right arm. She vomited frequently, became drowsy and semi-conscious. A blister to the nape of the neck was followed by the permanent disappearance of the cerebral symptoms. On the 17th of August she was suddenly seized with a violent pain in the right gluteal region, extending down the outside of the thigh. The right thigh and leg were found to be larger than the left. On the 24th of August the right great toe had a purplish hue and was painful. In a few days the color was changed to a white mottled appearance, and the gangrenous process had now involved the whole foot.

There was a line of hardness along the course of the right internal saphenous vein in the lower part of the thigh. The gangrene steadily progressed, until an oblique line of demarcation formed four inches above the ankle joint. Previous to her death, on the 28th of Sept., the gangrenous process had extended upwards to within four inches of the knee joint, and the soft tissues over the sacrum, to the extent of 5 x 3 inches, sloughed away. The great toe of the left foot was livid and painful.

The reading of this paper was followed by a discussion, in which Drs. Allan, Cowen, Burgess, Clarke, Clapp, and others took part.

Dr. Graham, of Brussels, read a paper on "Pernicious Anæmia." He gave the details of two cases which well illustrate the wonderful hæmatinic powers possessed by arsenic. The first case was that of a married woman, aged 35, who was found in the following state five weeks after her confine-

ment. There was little or no hæmorrhage during the labor. Face swollen and bloodless, mucous membranes pale; troubled frequently with diarrhoea and vomiting. Frequent pyrexial attacks. The blood was found to contain a large number of microcytes. The corpuscles presented various forms; no increase of white cells. Under quinine and iron she became rapidly worse; under arsenic she rapidly and permanently recovered. The second case is a somewhat similar one, occurring in a female aged 24, who, two weeks after confinement, presented the well-known symptoms, including the pyrexial attacks of pernicious anæmia. Arsenic was soon followed by recovery.

Dr. Stewart, of Brucefield, read a paper on "Some of the Uses of the Sphygmograph in Practical Medicine." Traces illustrative of the actions of alcohol, digitalis, nitro-glycerine, and other drugs, were shown. Traces were also shown which prove that in many cases of pneumonia, even during the first twenty-four hours, the tension of the radial artery is much lowered.

Drs. Yeomans, Burgess, Clapp and Mackid were appointed to read papers at the next meeting of the Association, which will be held in Palmerston two or three weeks after the meeting of the Ontario Medical Association.

**THE RADICAL CURE OF CANCER.**—Dr. Warren, of Boston, who, in October last, was delegated to receive competing essays on the subject of the radical cure of malignant disease, announces that three essays were presented. In the consideration of their merits the assistance of Dr. George B. Shattuck, editor of the *Boston Medical and Surgical Journal*, was invoked; and it has been decided that no essay is worthy of a prize.

The same subject, namely, *The Probability of the Discovery of a Cure of Malignant Disease, and the Line of Study or Experimentation likely to bring such a Cure to light*, is proposed for essays to be presented in competition not later than the first day of December, eighteen hundred and eighty-three (1883), to the above-named, who, with such assistance as he may select, will be the judge of their merits. For the best essay on the above subject a prize of one thousand dollars will be given, the right being reserved to withhold the prize in case no essay of sufficient merit be presented.

The essays must be legibly written in English, and neatly bound. Each one must bear a motto, and be accompanied by a sealed envelope bearing the same motto, and inclosing the name and address of the writer. They will all remain in the possession of the donor of the prize for the convenience of reference, and the privilege is claimed to publish the successful one, with the name of the writer. No writer, however, surrenders the privilege of retaining a copy of his essay, and publishing it. The decision concerning the merits of the essays will be made chiefly from a practical stand-point, it being the object of the donor of the prize to obtain suggestions by which a search for a cure for cancer may be instituted.

MCGILL COLLEGE CONVOCATION.—The following gentlemen received the degree of M.D.C.M. on the 31st ult.:—Chas. O. Brown, Lawrence, P.Q.; Benj. W. Burland, Port Kent, N.Y.; Lorne Campbell, Montreal; Angus M. Cattanach, Dalhousie Mills; O. Edmund Christie, Lachute, P.Q.; W. C. Cousins, Ottawa; Wm. J. Derby, North Plantagenet; W. T. Duncan, Granby; O. H. A. Dunlop, Pembroke, P.Q.; Rankin Dawson, B. A. (McGill), Montreal; Hugh Gale, Elora; James A. Grant, B.A. (Queen's), Ottawa; B. F. W. Hardman, Aylmer, P.Q.; R. F. Klock, Aylmer; R. K. C. McCookill, Montreal; A. R. McDonald, Trinity, Texas; F. N. McLean, Perth; W. J. Musgrove, West Winchester; Henry V. Ogden, B.A. (Trinity), St. Catharines; T. J. Pierce O'Brien, Worcester, Mass.; Henry O'Keefe, Lindsay; O. Clarendon Rutherford, M.A. (Union), Waddington, N.Y.; Alex. Shaw, Seaford; E. W. Smith, A.B. (Yale), West Meriden, Conn.; W. E. Thompson, Harbour Grace, Nfld.; H. W. Thornton, B.A. (McGill), Montreal.

The Holmes gold medal for the best examination in primary and final branches was awarded to Robert J. B. Howard, B.A., Montreal. The prize for the best final examination was awarded to H. V. Ogden, B.A., of St. Catharines, Ont. The prize for the best primary examination was awarded to Geo. A. Graham, of Hamilton, Ont. The Sutherland gold medal was awarded to Wyatt G. Johnson, of Sherbrooke, P.Q. The Morris scholarship in physiology was awarded to Wyatt G. Johnson, of Sherbrooke, Que.

Professor's prizes—Botany, Edwin G. Wood, of

Londesboro'; for the best collection of plants, W. W. Doherty, of Kingston, N.B.; practical anatomy, the demonstrator's prize was awarded to Geo. Caruthers, of Charlottetown, P.E.I., who was closely pressed by Chas. E. Gooding, of Barbadoes.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.—The following gentlemen have passed the final examination in this institution:—R. S. Anglin, Kingston; J. Denike, Belleville; A. Mondy, Almonte; H. N. Macdonald, Lake Ainslie, C.B.

The following have passed their primary examination:—C. Clancy, Wallaceburg; L. T. Davis, Kingston; G. H. McGhie, Elgin; D. C. Hickey, Kingston; R. Smith, North Williamsburg; and A. J. Grange, Napanee. Messrs. F. Kidd and W. J. Young have been appointed house surgeons, and W. G. Anglin and T. A. Moore, demonstrators of anatomy, for next year.

DEATH FROM A MIXTURE OF CHLOROFORM AND ETHER.—A death occurred recently in Lindsay from the inhalation of a mixture of chloroform and ether. The operation was for removal of the great toe for frost-bite. Drs. Burrows and Coulter performed the operation, and, at the request of the patient, administered an anæsthetic, a mixture of chloroform and ether. An examination of the patient by the medical men showed no reason why the anæsthetic should not be given. The doctors affirm that at no time during the operation was the patient thoroughly under the effects of the mixture administered, as at the conclusion of the operation his breathing was natural and conditions favorable. Suddenly he gave a gasp or sigh and a moment after expired. The usual means to bring about resuscitation were tried without avail. There was no *post mortem*.

PRESENTATION TO DR. WIDDIFIELD, M.P.P.—A very pleasing episode took place in the Local Legislature just before the prorogation of the House, in the presentation to Dr. Widdifield, M. P.P., by the members of the Legislature of a very elegant and costly service of silver in recognition of his services as Ministerial whip during the time he has been a member of the House. The testimonial consisted of seven pieces of silver, a tea-set and waiter handsomely chased. Upon the salver is beautifully engraved the following appropriate inscription:—



"Presented by the Reform members of the Legislature of Ontario to Dr. Widdifield, M.P.P., in appreciation of his valuable services and uniform courtesy as Government Whip during the past six years, March 10th, 1882."

The speaker of the House (Col. Clarke) occupied the chair, and Mr. Badgerow, member for North York, formally made the presentation. Hon. S. C. Wood, Provincial Secretary, added a few words in which he spoke of the highly satisfactory manner in which the Dr. had performed his delicate and important duties. Dr. Widdifield made a suitable reply. We congratulate the Dr. upon the high esteem in which he is held by members of both sides of the House, and many warm friends outside the Legislature.

COMPRESSED HYPODERMIC TABLETS.—We have been shown the soluble compressed tablets of morphine, atropine, strychnine, etc., prepared by Wyeth & Co., of Philadelphia, for hypodermic use. They will be found very convenient to carry about, accurate in quantity, readily soluble, and a perfect means of preserving the drugs used. They are prepared in the same way as the compressed tablets of chlorate of potash. A small tablet is dissolved in a little water, and injected whenever required.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the Board of Governors of the above-named College will be held in Montreal on the 10th of May next. Candidates for examination or the license must send their papers, accompanied with the fee, \$20, at least ten days previous to the meeting, to either of the secretaries, Dr. A. G. Belleau, Quebec, or Dr. F. W. Campbell, Montreal. The preliminary, or matriculation examination for students will take place on the 4th of May. The fee, \$10, should be sent to either of the secretaries, as above mentioned.

APPLICATION OF CHRYSOPHANIC ACID.—The use of the above valuable remedy for psoriasis and certain forms of skin disease is occasionally attended with inflammation of the skin, besides destroying the under clothing and bed-linen of the patient. Dr. Fox, of New York, (*Medical News*) recommends, in order to avoid these objectionable features, the following method of applying the remedy: A soft paste is made of chrysophanic acid and water, and smeared on the patches, the scales having been previously removed with soap and

water. As soon as the paste dries it is to be coated over with collodion. This will remain for several days, when the application may be renewed.

BROMIDE OF AMMONIUM IN WHOOPING COUGH. A writer out West (*Medical News*), who has had considerable experience in the treatment of this affection recommends bromide of ammonium, in doses of from one to four grains three or four times daily, according to the age of the child. He was led to use it from having seen it highly recommended by Dr. Kormann, and was much impressed with its influence over the disease. It is best administered in syrup, or in the form of an elixir.

A LIBERAL DONATION.—Dr. James Boyle, a native of Amherstburg, Ont., who has been practising in New York city a number of years, and who lately returned to Amherstburg, has given to the proposed free library in that town his own library, worth \$5,000, and has endowed the project with \$5,000, the interest to be used in sustaining the library. He makes a further grant of \$500 in cash towards the building fund. The library will be one of the best in the Province. We wish more of our wealthy citizens would follow the Dr.'s noble example.

BORACIC ACID IN BOILS.—The Louisville *Medical News* states that boracic acid applied to boils before or after incision will promptly arrest their development. The efficacy of this remedy can be very readily tested by applying the solution freely after incision. We very much doubt its efficacy when applied before incision.

ERGOTINE FOR NIGHT SWEATS.—Da Costa considers ergotine the best remedy for night sweats of phthisis—two grains three or four times a day. It is less prompt than atropia, but it is free from any unpleasant after effects.

BRITISH QUALIFICATIONS.—H. A. DeLom, M. D., Trinity College, was admitted Licentiate of the Royal College of Physicians, London, on the 23rd of February.

REMOVAL.—Dr. Theo. S. Covernton, assistant physician to the Toronto Lunatic Asylum, has resigned his position and removed to Winnipeg. He has entered into partnership with Dr. Kittson, formerly of Hamilton, Ont.

**TETANUS SUCCESSFULLY TREATED BY CHLORAL AND BROMIDE.**—Dr. J. W. Salter (*The Practitioner*) reports a case of traumatic tetanus in a man 51 years of age, successfully treated with large doses of chloral and bromide, sometimes every half hour, but usually every two hours, — occasionally at longer intervals. The total amount given in the twenty days treatment was sixty drachms of chloral and eighty drachms of bromide, or three and four drachms per diem respectively.

**SCALY ECZEMA.**—Dr. Edward Sharp, of Salem, N.J. (*Med. Bulletin*), recommends the following combination : ℞. Adipis, ℞. j. ; lac. sulphuris ℞. iv. ; ung. hydr. ox. rub., ℞. x. ; ol. gaultheriæ, ℞. j. Mix the sulphur gradually with the red mercurial ointment, adding the lard from time to time, as the mixture requires dilution ; and when all the lard and mercurial ointment are thoroughly mixed with the sulphur, add and intermingle the oil of wintergreen.

**NASO-ORAL RESPIRATOR.**—Through the kindness of Mr. Mills, druggist of Brantford, we have received one of Dr. McKenzie's naso-oral respirators. The instrument is neatly made and well adapted for the inhalation of medicinal vapors, where such may be indicated in the treatment of disease. We intend giving it a trial upon the first favorable opportunity, and will report the result of our experience in its use.

**FORMULA OF PUTTNER'S EMULSION.**—Each tablespoonful of Puttner's Emulsion contains the following :

℞. Ol. Morrhuæ Opt.....	70 per ct.
Calcis Hypophos.....	grs. iii.
Sodæ “ .....	grs. iii.
Pancreatine.....	grs. i.
Tr. Ferri.....	grs. ii.

**APPOINTMENTS.**—Drs. Barrett, I. H. Cameron, A. H. Wright, W. J. Wagner, and W. W. Ogden have been appointed to conduct the medical examinations for Victoria University for 1882 in Toronto.

Dr. McKeough, of Chatham, has been appointed examiner on surgery and botany in the University of Trinity College, and Dr. Baptie on chemistry.

Dr. Grasett, of Trinity Medical College, has been appointed examiner in surgery, and Dr. M.

Aikins, of the Toronto School of Medicine, in anatomy, in Toronto University.

Dr. Joseph Pancoast, Emeritus Prof. of Anatomy in Jefferson Medical College, Philadelphia, died on the 7th ult., at the advanced age of 77 years.

### Books and Pamphlets.

**ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE.** A handbook for students and practitioners. By Henry Hartshorne, A.M., M.D., lately Professor of Hygiene in the University of Pennsylvania, etc. Fifth edition, thoroughly revised and improved, 12mo., pp. 669, with 144 illustrations. Cloth, \$2.75. Philadelphia : H. C. Lea's Son & Co., 1881. Toronto : Hart & Co.

We cannot speak too highly of this brief epitome of medicine. It is a master-piece of condensation. The author gives by way of introduction, a succinct review of the history of medicine and the different systems. He then proceeds to the discussion of general pathology, semeiology, general therapeutics and nosology. The second part of the work treats on special pathology and practice. Many new additions have been made throughout the work, some new subjects written upon, and a new section is added upon eyesight, its examination and correction. We have much pleasure in recommending this handbook to medical students and practitioners.

**NERVOUS DISEASES, THEIR DESCRIPTION AND TREATMENT.** By Allan McLane Hamilton, M.D., Fellow New York Academy of Medicine, &c., second edition. Philadelphia : H. C. Lea's Son & Co. Toronto : Hart & Co.

This is an eminently useful work on the disease on which it treats. It is concise and practical, yet sufficiently comprehensive for general use. Many changes have been made, and much new matter added to the present edition. The chapter on diseases of the lateral column of the cord is entirely new. The work is well illustrated, and the plates are good. The illustrations are chiefly borrowed from Charcot, Gowers, Clarke, and others. The author gives a clinical history of a number of cases in illustration of the character of the different diseases under discussion, which will be found of interest to the student of nervous diseases. The various diseases are well described,

and the suggestions in regard to treatment very valuable. We have much pleasure in recommending the work as one that will form a useful guide in the diagnosis of treatment of nervous diseases.

**A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL**, in treatises, by various authors, edited by T. Holmes, M.A., Cantab. Lecturer on Surgery, at St. George's Hospital, London—First American from second English edition, Vol. III. Philadelphia: H. C. Lea's Sons. Toronto: Hart & Co.

The third and last volume of this interesting and valuable work on surgery, has just been received. The volume before us embraces diseases of the respiratory organs, diseases of the bones, joints, and muscles, diseases of the nervous system, gun-shot wounds, operative and minor surgery, and miscellaneous subjects. We have already expressed our very high appreciation of the value of this excellent work on surgery. It is the best and most exhaustive treatise on surgery yet published, and those who are devoting special attention to this subject cannot afford to be without it.

**STUDENTS MANUAL OF VENEREAL DISEASES**, by Berkeley Hill and Arthur Cooper.

**CLINICAL HANDBOOK OF DISEASES OF WOMEN**, by W. Symington Brown, M.D.

**LECTURES ON ELECTRICITY**, by A. D. Rockwell, M.D.

**INDEX OF SURGERY**, by C. B. Keetly, F.R.C.S.

**SYMPATHETIC DISEASES OF THE EYE**, by Ludwig Mauthner, M.D.; translated by Warren Webster, M.D. New York: William Wood & Co. Toronto: Willing & Williamson.

We can heartily recommend the above epitomes, not only for students, but practitioners, who will find in these digests careful and judicious selections, valuable notes, and most important aids in cases in practice presenting difficulties or anomalies that would involve for their elucidation a long search through a great variety of treatises on the different subjects, thus economising time that frequently can be ill spared from the pressing duties of general practice.

**A TREATISE ON HUMAN PHYSIOLOGY**. Designed for the use of Students of Medicine. By John C. Dalton, M.D., Professor of Physiology and Hygiene in the College of Physicians and Sur-

geons, New York, etc. Seventh edition, with two hundred and fifty-two illustrations. Philadelphia: Henry C. Lea's, Son & Co., 1882. Toronto: Hart & Co.

The new edition of this popular work on physiology, with which medical students are well acquainted, will be welcomed by all. Many changes have been made since the issue of the last edition. These are especially noticeable in the sections on Physiological Chemistry, and on the Nervous System. Notwithstanding the changes and additions the work has not been increased in size, but rather diminished. The work is in Lea's best style of art and handsomely bound.

**LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS**. By Reginald Harrison, F.R.C.S., Liverpool, Eng. Second edition. London: J. & A. Churchill. Toronto: Willing & Williamson.

The author of this valuable work has added much new matter to the present edition in the way of improvements in practice, and also by embracing the larger field of the surgery of the urinary organs. The first portion of the work is devoted to a full consideration of stricture of the urethra and its treatment, perineal fistulæ and their treatment, and foreign bodies in the urethra and bladder. He next deals with irritable bladder, hypertrophy of the prostate, and inflammation and atony of the bladder. Four chapters are devoted to a consideration of vesical calculus and its treatment, and the concluding chapters embrace injuries to the bladder, surgery of the kidney, tumors of the bladder and prostate, etc., etc. The work is a valuable accession to the literature of this important subject, and the author's opinions and practice are worthy of the fullest consideration.

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### Births, Marriages and Deaths.

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In Toronto on the 3rd ult., the wife of Dr. Chas. O'Reilly, Medical Superintendent of the Toronto General Hospital of a son.

At Ripley, Ont., on the 20th of February, the wife of Dr. M. Stalker of a daughter.

In Kingston on the 11th ult., Dr. Horatio Yates, aged 61 years.

At Ancaster, Ont., on the 24th ult., Dr. H. Orton, aged 50 years.

At Blairton, Ont., on the 8th ult., Dr. McCay, aged 66 years.

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## MEDICAL PROPERTIES. Doses. Each

FEL, Bovinum, { Ox-gall, 2 grs. } FERRI, (Quevenne's) 1 gr. { Powdered Jamaica Ginger, 1 gr. }	Laxative.	1 to 3	50
" CARB. (Vallet's) U. S. P. 3 grs.	Tonic.	1 to 3	50
" CITRAT. 2 grs.	Tonic.	1 to 2	75
" COMP. U. S. P.	Tonic.	1 to 4	40
" IODID. 1 gr.	Tonic, Emmenagogue.	1 to 3	50
" LACTAT. 1 gr.	Tonic, Alternative.	2 to 6	40
" PYROPHOS. 1 gr.	Tonic.	1 to 3	50
" VALER. 1 gr.	Tonic.	1 to 3	40
" ET QUAS. ET NUC. VOM. { Fer. per Hydrogen, 1 1/2 gr. } { Ext. Quassa, 1 gr. } { Nuc. Vom. 1/2 gr. } { Pulv. Saponis, 1/2 gr. }	Tonic, Antispasmodic.	1 to 2	1 00
" ET QUIN. Cit. 1 gr.	Tonic, Nerve Stimulant.	1 to 2	75
" ET QUIN. Cit. 2 grs.	Tonic, Antiperiodic.	1 to 2	75
" ET STRYCHNIE, 1 three times a day. { Strychnia, 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 40
" ET STRYCHNIE Cit. { Ferrum per Hydrog. (Quevenne's) 2 grs. } { Strychn. Cit. 1-50 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
" ET STRYCHNIE Cit. { Ferrum Cit. 1 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
GAMBOGLE COMP. { Pulv. Gambogis } { Aloes Socot, } { Zingib. Jam } { Saponis, }	Active Purgative.	2 to 5	40
GENT. COMP. { Ext. Gentian, 1/2 gr. } { Fv. Aloes Soc. 2 grs. } { Ol. Carul. 1-5 gr. }	Tonic, Purgative.	2 to 4	40
GONORRHOEA, { Pulv. Cubebe, 2 grs. } { Bals. Copalb. Solid, 1 gr. } { Ferru Sulph. 1/2 gr. Vener. Terebinth 1 1/2 gr. }	Tonic, Alternative to Mucous Membrane.	1 to 3	60
HEPATIC, { Pil. Hydrarg. 3 grs. } { Ext. Coloc. Comp. 1 gr. } { Hyosciam. 1 gr. }	Cholagogue Cathartic.	1 to 2	80
HOOPER (Female Pills) 2 1/2 grs. { Aloes Socot. } { Ferru Sulph. Exsic. } { Ext. Hellebore, } { Pulv. Myrrh, } { Saponis, } { Canella, } { Zing. Jamaica. }	Emmenagogue.	1 to 3	40
HYDRARGYRI, U. S. P., 3 grs.	Mercurial Purgative.	2 to 3	40
" 5 grs.	Mercurial Purgative.	1 to 2	50
" Comp. { Mass. Hydrarg. 1 gr. } { Pulv. Opii, 1/2 gr. } { Ipecac. 1/2 gr. }	Mercurial Alternative.	1 to 2	75
" Iod. et Opii, { Hyd. Iodid. 1 gr. } { Pulv. Opii, 1/2 gr. }	Mercurial Alternative.	1 to 2	75
IODIFORMI ET FERRI { Ferrum per Hydro., 1 1/2 gr. } { Iodoform, 1 gr. }	Tonic Alternative.	1 to 2	2
IODIFORM 1 gr.	Tonic, Alternative.	1 to 2	1 00
IPECAC ET OPII, 3 1/2 grs. (Pulv. Doveri, U. S. P.)	Anodyne, Soporific.	1 to 3	50
" 5 grs.	Anodyne, Soporific.	1 to 2	65
IRISIN COMP. { Irisin, 1/2 gr. } { Podophyllin, 1-10 gr. } { Strychnia, 1-40 gr. }	Cathartic, Nerve Stimulant.	1 to 3	50
LEPTAND. COMP. { Leptandrin, 1 gr. } { Irisin, 1/2 gr. } { Podophyllin, 1/2 gr. }	Laxative, Diuretic.	1 to 2	1 00
LEPTANDRIN, 1 gr.	Cathartic.	1	75
LUPULIN, 3 grs.	Anodyne.	2 to 4	40
MORPHIA COMP. { Morph. Sulph. 1/2 gr. } { Tart. Emetic. 1/2 gr. } { Calomel, 1/2 gr. }	Anodyne, Febrifuge.	1	1 50
NEURALGIC, { Quinia Sulph. 2 grs. } { Morphia Sulph. 1-20 gr. } { Strychnia, 1-30 gr. } { Acid Arsenious, 1-20 gr. } { Ext. Aconiti, 1/2 gr. }	Tonic, Alternative, Anodyne.	1 to 3	3 00
NEURALGIC. (Brown-Sequard.) { Ext. Hyosciami, 1/2 gr. } { Conil., 1/2 gr. } { Ignat. Am., 1/2 gr. } { Opii, 1/2 gr. } { Aconiti, 1/2 gr. } { Cannab. L., 1/2 gr. } { Stramon., 1-5 gr. } { Bellad., 1 gr. }	Anodyne.	1	2 00
OPII, U. S. P., 1 gr.	Anodyne	1	60
" ET CAMPHORÆ, { Pulv. Opii, 1 gr. } { Camphoræ, 2 grs. }	Anodyne, Nerve Sedative.	1	80
" ET CAMPHORÆ, ET TANNIN., { Pulv. Opii, 1/2 gr. } { Camphoræ, 1 gr. } { Acid Tannic, 2 grs. }	Anodyne, Astringent.	1 to 3	80
" ET PLUMBI ACET. { Pulv. Opii, 1/2 gr. } { Plumbi Acetas, 1 1/2 grs. }	Anodyne, Sedative.	1 to 2	60
PHOSPHORUS COMP. { Phosphorus, 1-100 gr. } { Ext. Nuc. Vomica, 1/2 gr. }	Nerve Tonic.	1 to 4	1 50
PHOSPHORUS, 1-50 gr., 1-25 gr.	Nervine Stimulant.	1 to 2	1 00
PHOSPHORUS, 1-100 gr.	Nervous Stimulant.	1 to 4	1 00
PHOSPHORUS, IRON AND NUX VOM. { Phosphorus, 1-100 gr. } { Ferru Carb. (Vallet's) 1 gr. } { Ext. Nuc. Vom. 1/2 gr. }	Nervous Stimulant, Tonic.	1 to 3	1 50
POTASS. BROMID. 1 gr.	Nervous Sedative.	2 to 5	75
" 5 grs.	Nervous Sedative.	1 to 2	1 25
" IODID. 2 grs.	Alternative.	1 to 3	85
PODOPHYLLIN COMP. (Ecllectic) { Podophyllin, 1/2 gr. } { Leptandrin, 1-16 gr. } { Juglandin, 1-16 gr. } { Macrotin, 1-32 gr. }	Purgative.	2 to 4	75
PODOPHYLLIN ET BELLAD. { Podophyllin, 1/2 gr. } { Ext. Bellad., 1/2 gr. } { Ol. Res. Capsicid, 1/2 gr. } { Saccharum Lact., 1 gr. }	Stimulating Laxative. Mild	1 to 3	75

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PODOPHYLLIN ET HYDRAJ 3.	{ Podophyllin. ½ gr. Mass. Hydrarg. 2 grs. }	Laxative.	2 to 4	50
" ET HYOSCYAMUS.	{ Podophyllin. Ext. Hyoscyamus, 3x ½ grs. }	Gentle Cathartic	1 to 2	60
PODOPHYLLIN, 1 gr.	.....	Cathartic.	1	75
QUINLE SULPH.	½ gr.	Tonic, Antiperiodic.	1 to 4	90
" "	2 grs.	Tonic, Antiperiodic.	1 to 3	1 40
" "	3 grs.	Tonic, Antiperiodic.	1 to 3	2 75
" "	.....	Tonic, Antiperiodic.	1 to 2	4 00
" COMP.	{ Quin. Sulph. 1 gr. Ferri Carb. 2 grs. }	1 immediately after each meal.	1 to 2	1 75
ET EXT. BELLADON.	{ Quinle Sulph. 1 gr. Ext. Belladon, ½ gr. }	Nerve Tonic, Antiperiodic.	1 to 2	1 75
ET FERRI.	{ Quin. Sulph. 1 gr. Ferrum per Hydrog. (Quevenne's) 1 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINLE ET FERRI, ET STRYCHNIE.	{ Quin. Sulph. 1 gr. Ferri Carb. (Vallet's) 2 grs. Strych. Sulph. 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINLE ET FERRI ET STRYCH. PHOS.	{ Phos. Quinia, 1 gr. Iron, 1 gr. Strychnia, 1-60 gr. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET FERRI, Valer, 2 grs.	.....	Tonic, Nerve Sedative.	1 to 2	3 50
QUINLE ET FERRI CARB.	{ Quinia, 1 gr. Ferri Carb. (Vallet's) 2 grs. }	Tonic, Antiperiodic.	1 to 2	1 75
" ET HYDRARG.	{ Quin. Sulph. 1 gr. Mass. Hydrarg. 2 grs. Oleo-resin, Piper. Nig. ½ gr. }	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA, IODOFORM AND IRON	{ Iodoform, 1 gr. Ferri Carb. (Vallet's) 2 grs. Quinia Sul. ½ gr. }	Tonic, Alterative.	1 to 2	3 00
QUINLE ET STRYCHNIE.	{ Quinia Sul. 1 gr. Strychnia, 1-60 gr. }	Tonic, Nerve Stimulant.	1 to 2	1 75
QUINIA, Valerianate, ½ gr.	.....	Tonic, Nerve.	1 to 2	2 00
RHEI ET HYDRARG	{ Pulv. Rhei, 1 gr. Mass. Hydrarg. 2 grs. Soda Carb. Exs. 1 gr. }	4 grs.	2 to 5	80
RHEI, U. S. P.	{ Pulv. Rhei, 3 grs. Saponis, 1 gr. }	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P.	{ Pulv. Rhei, 2 grs. Aloes Socot, 1½ grs. Myrrh, 1 gr. Ol. Menth. Pip. 1 gr. }	Purgative.	2 to 4	75
RHEUMATIC,	{ Ext. Coloc. C. 1½ grs. Colchicid Acet. 1 gr. Hydrog. Chlor. Mit. ½ gr. }	.....	1 to 3	99
SANTONIN, 1 gr.	.....	Anthelmintic.	1 to 3	1 00
SCILLE COMP. U. S. P.	{ Pulv. Scillie, ½ gr. Zingib. Jamaica, 1 gr. Gum Ammoniac 1 gr. Pulv. Saponis, 1½ gr. }	.....	1 to 3	50
STOMACHICA. (Lady Webster's Dinner Pills, 3 grs.)	{ Aloes Soc. Gum Mastich, Flor. Rosee. }	Stimulating Purgative.	1 to 2	50
SYPHILITIC,	{ Potass. Iod. 2½ grs. Hyd. Chlor. Corros. 1-40 gr. }	.....	1 to 2	1 00
TRIPLEX,	{ Aloes Socot, 2 grs. Mass. Hydrarg, 1 gr. Podophyllin, ½ gr. }	Purgative.	2 to 4	75
ZINCI VALERIAN, 1 gr.	.....	Antispasmodic.	1 to 3	1 00

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ACID. Arsenious, 1-20, 1-30 and 1-50 grs.	.....	Antiperiodic, Alterative.	1 to 2	40
ACONTIA, 1-60 gr.	.....	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	.....	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1-12, 1-20 and 1-40 grs.	.....	Mercurial Alterative.	1 to 2	40
CAULOPHYLLIN, 1-10 gr.	.....	Emmenagogue.	1 to 4	40
CIMICIFUGIN, 1-10 gr.	.....	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-60 gr.	.....	Arterial Sedative.	1 to 2	75
ELATERIUM. (Clutterbuck's) 1-10 gr.	.....	Diuretic Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) ¼ gr.	.....	Anodyne.	1 to 4	40
" Ignatia Amara, ¼ gr.	.....	Nerve Sedative.	1 to 3	40
" Cannabls Indica, ¼ gr.	.....	Anodyne.	1 to 2	50
" Hyoscyamus, (Eng.) ½ gr.	.....	Nerve Stimulant.	1 to 4	90
" Nuc. Vomica, ¼ and ½ gr.	.....	Nerve Stimulant.	1 to 3	40
GELSEMIN ½ gr.	.....	Arterial Sedative.	1 to 3	40
HYDRASTIN, ½ gr.	.....	Arterial Sedative.	1 to 2	75
HELONIN, 1-10 gr.	.....	Emetic, Diuretic, Cathartic.	1 to 2	95
LEPTANDRIN, ¼ gr.	.....	Cathartic.	1 to 2	50
" ½ gr.	.....	Cathartic.	1 to 4	50
MERCURY, Iodide, ¼ gr.	.....	Alterative.	1 to 4	50
" Red, 1-16 gr.	.....	Alterative.	1 to 4	40
MORPHIA, Acet. ½ gr.	.....	Anodyne.	1 to 2	70
" Sulphate, 1-10 gr.	.....	Anodyne.	1 to 2	60
" " ½ "	.....	Anodyne.	1 to 2	70
" " 1-8 "	.....	Anodyne.	1 to 2	80
" " ¼ "	.....	Anodyne.	1 to 2	1 00
" Valerianate, ½ "	.....	Anodyne.	1 to 2	1 00
PODOPHYLLIN, 1-10 gr.	.....	Cathartic.	1 to 4	40
" ½ gr.	.....	Cathartic.	1 to 4	40
" ¼ gr.	.....	Cathartic.	1 to 2	50
" COMP.	{ Podophyllin, ½ gr. Ext. Hyoscyam, ½ gr. Nuc. Vomica, 1-16 gr. }	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, ¼ gr.	.....	Alterative, to Mucous Memb'ne.	1 to 4	75
" Iodide, ¼ gr.	.....	Alterative, to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	.....	Nerve Stimulant, Tonic.	1 to 3	40

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# SCOTT'S EMULSION

## PURE COD LIVER OIL,

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The high character, and wide reputation **Scott's Emulsion** has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its high standard of excellence will be fully maintained. We believe the profession will bear us out in the statement that no combination has produced as good results in the wasting disorders, incident to childhood; in the latter as well as the incipient stages of Phthisis, and in Scrofula, Anæmia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed it to give it a trial. Samples will be furnished free upon application.

FORMULA.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

#### SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.

Halifax, N.S., Nov. 19, 1880.

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.

Truro, N.S., Nov. 15, 1880.

W. S. MUIR, M.D., L.R.C.P. & S., Ed.

Messrs. SCOTT & BOWNE:

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

I have the honor to be, yours truly,

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

St. John, N.B.

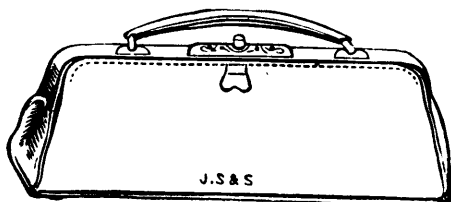
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I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.

A. H. PECK, M.D., Penn. Med. Co lege.

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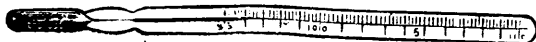
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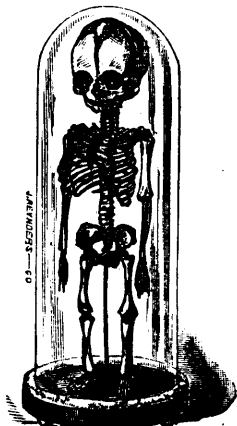
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**T**HE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 21, 1881, and end about the middle of March, 1882. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon two courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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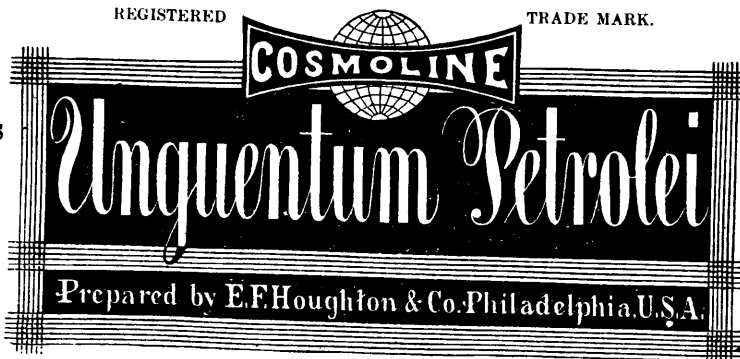
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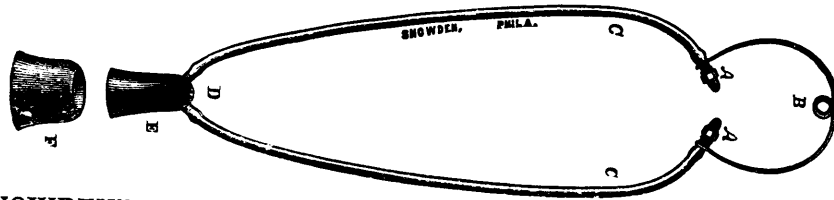
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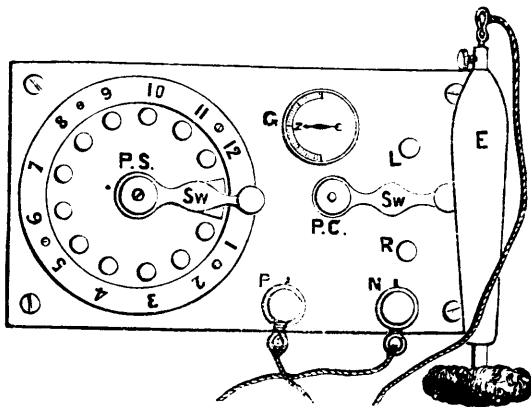


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COPY OF A LETTER

FROM E. J. DAY, ESQ., F.C.S., M.R.C.S., L.S.A.,

*Med. Off. Health, Public Analyst, Etc.*

---

DORCHESTER, DORSET, ENGLAND,

October 2, 1880.

DEAR SIR,—Feeling it my duty to the medical profession, as well as to the public, to make known the effects of FELLOWS' HYPOPHOSPHITES, I send you the results of my short but satisfactory experience. After using it in several pulmonary cases with good effect, I prescribed your Syrup for a middle-aged female patient, suffering from "MELANCHOLIA," who was, up to the time she commenced taking it, so bad that her friends and husband had made preliminary arrangements for her removal to an asylum; so great, however was the improvement under the new treatment, which consisted solely in giving your Hypophosphites, that she shortly was able so attend properly to her household duties; it is only right to mention, that the drugs prescribed before failed. Although your Syrup of Hypophosphites contains the active bitter tonics, with iron, etc., my young patients and invalids take the preparation readily. As a nervine tonic I consider it ranks very highly, and is a valuable addition to the list of pharmaceutical preparations. I can with great confidence recommend it in cases of general debility, consequently those gentlemen who dispense their own medicines should not be without it.

E. J. DAY.

To MR. JAMES I. FELLOWS, London.

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**Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite toilet articles made from pure Vaseline, and excel all similar ones.**



## A WORD

To those interested in the

# Defense of the Rights of the Public, Science and Medicine.

Since the year 1877 we have lost no opportunity to place before the professions of Medicine and Pharmacy the injury which was resulting to public, professional, and scientific interests, through the abuse of the laws relative to patents and trade-marks, by certain manufacturing pharmacists, or patent medicine dealers, working under the title of "Manufacturing Pharmacists." We have sought and expected a reply to, or counter-attack upon, our efforts, without satisfaction, until recently one Horatio R. Bigelow, M.D., has appeared as the mouth-piece of the patent medicine ring.

A recent and specially enlarged edition of a journal published in Sandyhook, Conn., the *New England Medical Monthly*, contains an article in the interests of the ring, by the above named physician, severely attacking the reputation and policy of our house. We understand that pecuniary aid has been given to this undertaking by those interested. As this article seems to be the concentrated and final effort of our opposers we desire to call the attention of physicians and pharmacists to the fact, and to our expressed willingness to send, *post-paid on application, a printed copy of this article and other printed matter bearing upon the subject*, which we are sure will prove instructive to all who have the interests of the public, the profession of medicine, or science, at heart. The personal attack upon ourselves is beneath our notice. The principle at stake is worthy the attention of every one, and this fact is our only apology for giving the above advice.

Through limited space we will here call attention but to one fact—that Dr. Bigelow would convey the idea that we were seeking to destroy that just protection given to inventors by the patent law and to manufacturers by the law of trade-marks. We tell Dr. Bigelow, and the whole fraternity of quacks, that this is a wilful perversion of our position. The patent law secures to an inventor any new and useful composition of matter; but *he must disclose the secret of his invention and show that it is new and useful*. The trade-mark law is only to secure to the maker of a known article of the benefit of any peculiar skill which he has brought to the making of the article. Hence he may adopt and own *any arbitrary sign to indicate his own manufacture*: this is the whole scope and end of the law of trade marks.

Our war is against the abuse of these laws; against the practices of those spurious pharmacists who seek to draw the protection of these laws *over secret and unknown preparations*. We also denounce that kindred abuse where the *common or only name of an article* is claimed as a trade-mark. To allow this would be to allow the most odious form of monopoly; a monopoly of an article *the composition of which is kept secret and unknown*. Such a monopoly the patent law will not permit. Sound medical science will not permit it. It belongs to the domain of quackery pure and simple.

**PARKE, DAVIS & CO.**

DETROIT, MICH., March 1, 1882.

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*Send for "printed matter relative to the abuse of the patent and trade-marks."*