

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA LANCET.

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

Vol. VIII }
No. 10 }

TORONTO, JUNE 1, 1876.

{ Price 30 Cents.
{ \$3 per Annum

CONTENTS.—(Index next page.)

CINCHO-QUININE.

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

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."
F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."
C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."
S. P. SHARPLES, State Assayer of Mass.

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

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

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive or delicate woman or child.

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

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

Middleburg, Pa.,
April 13, 1875.

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

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

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.
Yours, with due regard,

J. R. TAYLOR, Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D.,
Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate.

G. INGALLS, M.D.,
Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package, for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce on receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists.

(SUCCESSORS TO JAMES R. NICHOLS & Co.)

BOSTON, MASS.

INDEX TO CONTENTS.

Original Communications.

Ovariotomy.—By R. Henwood, M.D., Brantford 287
 Peresqui-Nitrate of Iron in Chronic Diarrhoea.—By Wm. Kerr, M.D., Galt 289
 Case of Ovariotomy.—By T. R. Buckham, A.M., M.D., Flint, Mich., U. S. 290

Correspondence.

Dr. Campbell, Chairman Coll. Phys. and Surgs., Ont 293
 Dr. Rosebrugh—"Spina Bifida" 295
 Dr. Robinson, St. Jacobs 295
 Dr. Bethune—"Lizars' Fund" 296

Selected Articles.

Cases of Ovariotomy in Guy's Hospital 296
 Enteric Fever, Treatment of 297
 Diphtheria, Treatment of 300
 Post Partum Hemorrhage, Compression of Aorta in 302
 Tetanus, Treatment by Nerve-stretching 302
 Puerperal Fever, Nature of 302
 Local Anæsthesia, New mode of obtaining—Remedy for Chronic Hoarseness—Removal of lower ends of Radius and Ulna—To

Stain Elements of Urine for Microscopical use—Gelseminum in Neuralgia—Seats for Saleswomen—Paracentesis Pericardii—High Temperature—Removal of Foreign Body from Nostril, Gross—Treatment of Stammering—Post Partum Hemorrhage, Cold Towel in—Lines to a Skeleton—Chloral Hydrate for Rabies 303 306

Editorial.

Causation of Tubercle 307
 Reports of Health Officers 308
 Result of Inattention to Hygienic Rules 309
 Michigan State Medical Society and Homœopathy 310
 Medical Council and Examining Board 311
 Centennial Exhibition—Medical Service 312
 Notes and Comments 313 318

Reports of Societies.

Western and St. Clair Medical Association 315
 Kings and Queens " " 314
 Burlington and Home " " 315
 New Instruments 315
 Books and Pamphlets 315 316
 Births, Marriages and Deaths 316

MÖLLER'S
 PUREST NORWEGIAN COD-LIVER OIL.



DR BÄSCHKE, Physician in ordinary to H. M. the King of Sweden and Norway, says: "It is the very best ever prepared for medicinal purposes."
 ABBOTTS SMITH, M.D., M.R.C.P., North London Consumption Hospital, says: "It is more easily assimilated and is productive of more immediate benefit than the other kinds of oil are."
 DR. RUDDOCKS, M.D., L.R.C.P., M.R.C.S., says: "We are glad to be able to give our emphatic recommendation to so pure a preparation."
 J. MARION SIMS, M.D., New York, says: "I have prescribed it almost daily, and have every reason to be perfectly satisfied with it."
 DR. L. A. SAYRE, New York, says: "Möller, of Christiania prepares an Oil which is perfectly pure, and in every respect all that can be wished."
 N. B. SARGIS, M.D., New York, says: "It is remarkably free from impurities."

W. H. Schieffelin & Co., NEW YORK.
 Sole Agents for United States and Canada.

MICROSCOPES.

JAMES W. QUEEN & CO.,

924 Chestnut-St., . . . PHILADELPHIA.

KEEP constantly in stock, the most complete assortment of MICROSCOPES and ACCESSORIES to be found in any house in the WORLD. In addition to their own Manufactures, they have always on hand Stands and Objectives by Powell & Lealand, Ross, Crouch, Hartnach, Nachett, etc.; and being the exclusive Agents, for the United States, of MESSRS. R. & J. BECK of London, keep in stock all the productions of these most eminent manufacturers. Also, over

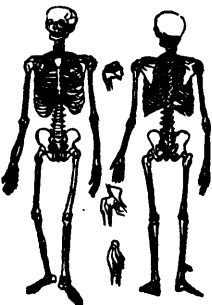
10,000 PREPARED OBJECTS:

IN EVERY DEPARTMENT OF THE SCIENCES.

An illustrated and priced catalogue, of 118 pages, will be mailed to any address on receipt of Ten Cents. Address as above.

Anatomical Models and Osteological Preparations.

SKELETONS, SKULLS, MICROSCOPIC PREPARATIONS.



Special attention is hereby called to the fact, that we can supply a number of MEDICAL WORKS and CHARTS, either American, English or French Publications, at second-hand, at greatly reduced prices.

ORDERS FOR THE IMPORTATION OF BOOKS TAKEN.

Letters will be promptly answered and catalogues sent. Address

BERENDSOHN BROS., 202 William Street, New York.

WILLING & WILLIAMSON'S NEW MEDICAL WORKS.

PAGET.—Clinical Lectures and Essays, by Sir James Paget, Bart. Edited by Howard Marsh, F.R.C.S., \$5.00.

WAGNER.—Manual of General Pathology. For the use of students and practitioners of Medicine. By Ernest Wagner, M.D., \$5.50.

BILLROTH.—General Surgical Pathology and Therapeutics, in fifty lectures. A text book for students and physicians. Translated and revised from the sixth German edition; by Chas. E. Hackley, M.D., \$5.00.

HOSPITAL PLANS.—Five essays relating to the construction, organization, and management of Hospitals. Contributed for the use of the Johns Hopkin's Hospital of Baltimore, \$6.00.

VAN BUREN & KEYES.—Diseases of the genito-urinary organs, with Syphilis. With engravings and cases, \$5.00.

SEGUIN—Medical Thermometry and Human Temperature. By E. Seguin, M.D., \$3.50.

SALTER—Dental Pathology and Surgery. By J. A. Salter, M.B., F.R.S., \$4.50.

TAYLOR.—Syphilitic lesions of the osseous system in infants and young children. By R. W. Taylor, M.D., \$2.50.

LORING.—Determination of the refraction of the eye, by means of the ophthalmoscope, 50c. net.

LOOMIS.—Lectures on the respiratory organs, heart and kidneys. By A. L. Loomis, M.D., \$5.00.

RINGER.—A handbook of Therapeutics. By Sydney Ringer, M.D., 4th ed., \$4.25.

WILLING & WILLIAMSON

12 King Street East, Toronto

PNEUMATIC ASPIRATION,

After the Manner of Dieulafoy.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."
 "I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."
Dieulafoy on Pneumatic Aspiration, pp. 21, 24.

WE invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

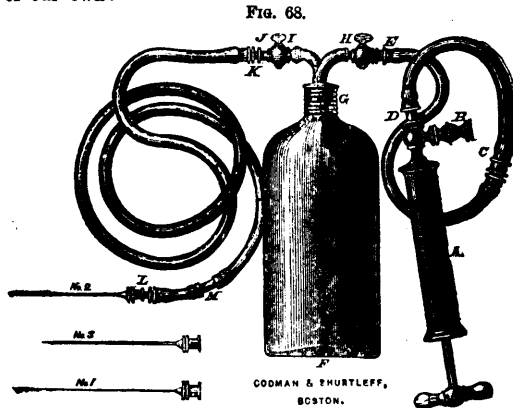


FIG. 68.
 CODMAN & SHURTLEFF,
 BOSTON.

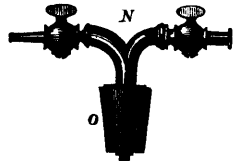


FIG. 69. The Stopper and Cocks supplied with Apparatus No. 2.

- 1st. Means of changing the pump from an exhaust to a force-pump, and vice versa, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—See *Dieulafoy on Aspiration, pp. 276, 278.*
- 2nd. The employment in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.
- 3rd. The substitution, for the ordinary oiled silk valves of other apparatuses, of a kind indestructible both in form and material.
- 4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.
 In his work on Pneumatic Aspirations, Dieulafoy shows the harmlessness of the Aspiratory Puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

APPARATUS.

- | | |
|---|---|
| <p>No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, &c., as shown in Fig. 68, fitted in a neat case, accompanied with printed directions. \$18 00</p> <p>No. 2. The same, without receiver and with rubber stopper (See Fig. 69) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions 16 00</p> | <p>No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, tubes, &c., in case 14 00</p> <p>No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional 8 00</p> <p><i>The foregoing are the product of our own factory, and are warranted in every respect.</i></p> <p>Also, Dieulafoy on Pneumatic Aspiration, post-paid, by mail, on receipt of 3 40</p> <p><i>Full description on application.</i></p> |
|---|---|

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, postpaid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments, 13 and 15 Tremont Street, BOSTON.

N.B.—See our other advertisement in alternate numbers of this journal.

Mrs. Pearson's Abdominal Supporter.

PATENTED OCTOBER, 1870.

THE attention of the Medical profession is called to the great benefit that has been derived by those who have found it necessary to use the Abdominal Supporter. Its great use has been to those who are suffering from partial Prolapsus Uteri, Ante, or Retroversion of the Uterus, and in Leucorrhœa, depending on those defects: by removing the cause, it quickly cures the discharges. It is also of marked service to persons suffering from a lax, or pendulous state of the abdominal walls, and during pregnancy, it furnishes the much needed support to the Abdomen. A perineal pad can also be attached to the Supporter when required.

The following gentlemen, having tested its value in their practice, kindly allow reference to them as to its excellence and efficiency:—

- | | |
|---|--|
| <p>N. M. Hodder, M.D., F.R.C.S. E.; Toronto.
 A. Bethune, M.D., F.R.C.S., Ed.; Toronto.
 D. Augustus Jukes, M.B., St. Catharines.
 J. Rowand (M.D., Edin.); Quebec.
 W. W. Ogden, M.B., Toronto.
 J. Mackelcan, M.R.C.S. E.; Hamilton.
 Dr. Henry J. Ridley, Hamilton.
 M. Lavell, M.D., Kingston.
 H. Blackstock, M.D., Hillsdale.</p> | <p>D. McIntosh, M.D., Edin.; Hamilton.
 Edwin Henwood, M.D., Hamilton.
 Uzziel Ogden, M.D., Toronto.
 H. H. Wright, M.D., Toronto.
 Dr. G. L. Mackelcan, Hamilton.
 Dr. McDonald, Hamilton.
 Edwin Goodman, M.B., St. Catharines.
 J. Fulton, M.D., M.R.C.S. E.; Toronto.
 M. Hillary, M.R.C.S. Ire'd., Toronto.</p> |
|---|--|

PRICE, from \$7 to \$10. Please send measurement around largest part of the hips.

MRS. J. E. PEARSON, Box 770, or 132 Adelaide St. West, Toronto.

**DR. BUTLER'S
PURE BEAUGENCY STOCK.**

VACCINE VIRUS.

THIS Vaccine Virus is taken only from young heifers, of which I have a well stocked farm in the neighborhood. These heifers are vaccinated by myself and the establishment under my own personal supervision. I can, therefore, offer to the profession a reliable lymph, which I guarantee in all primary vaccinations, in which ordinary precautions are taken.

Ivory Points, in quantities less than one dozen, each	-	\$0 20
Do.	-	2 00
Crust,	-	\$1 50 to 3 00
Tube,	-	2 00
Eight-day lymph dried and powdered tube,	-	1 50

The price should accompany the order in all cases. A sample point sent free to any physician.

JOHN BUTLER, M.D.,

L.R.C.P., Edin., and L.R.C.S., I.

Formerly Visiting Physician to Newport Infirmary,
Monmouthshire, England.

98 Lafayette Avenue, - - - BROOKLYN, N.Y.

**JOSEPH DAVIDS & CO.
CHEMISTS & DRUGGISTS,**

Wholesale and Retail Dealers in

DRUGS, CHEMICALS, TRUSSES,

SURGICAL APPLIANCES, &c., &c.

PROPRIETOR OF DAVIDS' MOTH-PROOF LINEN
BAGS.

QUEEN'S OWN BOUQUET.

171 KING-STREET EAST, TORONTO.

**Electro-Medical Instruments
and Batteries.**

FLEMMING & TALBOT,

No. 814 FILBERT STREET, PHILADELPHIA.

HAVING largely increased our manufacturing facilities, we are now prepared to furnish the finest work, with the latest improvements, on reasonable terms.

Portable Galvanic, Faradic, and Caustic Batteries, with complete applying apparatus, and Electrodes and Conductors, in all their varieties, constantly on hand.

Contracts made for the erection of permanent batteries in hospitals, colleges, and private offices.

A full supply of Electro-Medical Books always in store. Communications by mail promptly attended to. *Send for Catalogue.*

J. H. GEMRIG,

MANUFACTURER OF

SURGICAL

AND

ORTHOPÆDICAL INSTRUMENTS,

109 SOUTH EIGHTH STREET, PHILADELPHIA

Aspirators, Axilla Thermometers, Hypodermic Syringes,

Nelaton's Catheters, Plaited Satin Sewing Silk for

Surgical purposes, Hawksley's Metallic

Stethoscopes, Elastic Stockings,

Apparatus for Club Foot,

Bow Legs, Spine

Diseases, &c.

Illustrated Catalogue and Price List sent on application.

ESTABLISHED 1836.

NEW YORK.

**H. PLANTEN & SON,
MEDICINAL CAPSULES**

OF ALL KINDS. ALSO,

Empty Capsules (5 sizes), for the easy administration of
nauseous medicinal preparations.

Dist and Samples sent on application. Sold by all Druggists.

THE CENTRAL PHARMACY.

J. WRIGHT & CO.,

Chemists and Druggists,

[Corner of Queen and Elizabeth Streets, Toronto,

HAVE on hand the following new remedies which will be sent to any address in all quantities,

Cincho-Quinine, Mono-Bromide Camphor,

Guarana, Jaborandi.

Croton-Chloral Hydrate, Salicylic Acid,

&c., &c., &c.

Special attention given to Physicians' prescriptions for

Office use, such as Elixirs, Fluid Extracts,

Pills, Syrups, etc.

***** Sugar Coated Pills are more soluble than Gelatine or Compressed Pills.—Prof. Remington's paper read before American Pharmaceutical Association, Boston, 1875.

WARNER & CO'S PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

The *Pilular form* has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This *method of preparing Phosphorus* has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpach, Prof. Fisher, to Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquillity to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorus in *Pilular form*, prepared by WILLIAM R. WARNER & CO.

PILLS SENT BY MAIL ON RECEIPT OF LIST OF PRICES.

	Price per 100.
Pil Phosphori, 1-100 gr. in each,	\$1 00
Pil Phosphori, 1-50 " "	1 00
Pil Phosphori, 1-25 " "	1 00
Pil Phosphori Comp.	2 00
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{4}$ gr.	2 00
Pil Phosphori et Nucis Vomicae,	2 00
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{4}$ gr.	2 00
Pil Phosphori, et Ferri et Nuc. Vom.	2 00
Phosphorus, 1-100 gr. Ferri Charb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{4}$ gr.	2 90
Pil Phosphori, et Ferri et Quiniae,	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	2 90
Pil Phosphori et Ferri et Nuc. Vom. et Quiniae,	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{4}$ gr. Quinia Sulph., 1 gr.	2 90

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO., Manufacturing Chemists,
No. 1228 Market St., Philadelphia.

Warner & Co's, Standard Preparations for sale by

ELLIOT & CO., Wholesale Druggists,

TORONTO, CANADA.

HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS.

Ninety-Third Annual Announcement, 1876-77.

FACULTY OF MEDICINE:

CHARLES W. ELIOT, LL.D., President.
 CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.
 JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.
 OLIVER W. HOLMES, M.D., Professor of Anatomy.
 HENRY J. BIGELOW, M.D., Professor of Surgery.
 JOHN E. TYLER, M.D., Professor of Mental Diseases.
 CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics and Medical Jurisprudence.
 FRANCIS MINOT, M.D., Hersey Professor of the Theory and Practice of Medicine.
 JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.
 HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.
 DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.
 JAMES C. WHITE, M.D., Professor of Dermatology.
 ROBERT T. EDES, M.D., Prof. of Materia Medica.

HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology,
 CHARLES B. PORTER, M.D., Demonstrator of Anatomy, and Instructor in Surgery.
 FREDERIC I. KNIGHT, M.D., Instructor in Percussion, Auscultation and Laryngoscopy.
 J. COLLINS WARREN, M.D., Instructor in Surgery.
 REGINALD H. FITZ, M.D., Assistant Professor of Pathological Anatomy.
 WILLIAM L. RICHARDSON, M.D., Instructor in Clinical Obstetrics.
 THOMAS DWIGHT, JR., M.D., Instructor in Histology.
 EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.
 HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
 WILLIAM B. HILLS, M.D., Instructor in Chemistry.

Other Instructors:

GEORGE H. F. MARKOE, Instructor in Materia Medica.
 FRANK W. DRAPER, M.D., Lecturer on Hygiene.

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTION:

FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, JR., M.D., in Syphilis.
 JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.
 JAMES R. CHADWICK, M.D., and WILLIAM H. BAKER, M.D., in Diseases of Women.
 CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.
 SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877; it is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

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

DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.

For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery and Clinical Surgery.

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

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

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

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

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

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

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Psychological Medicine, Electro-therapeutics, Gynecology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one Term alone, \$120; for Graduation, \$30; for Graduates' Course, the fee for one year is \$200, for one Term, \$120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information, or Catalogue, address

DR. R. H. FITZ, *Secretary*, 108 Boylston, Street, Boston, Mass.

* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.

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

GENUINE PANCREATIC EMULSION and PANCREATINE.

The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in *all* climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.



PANCREATINE WINE.

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

PANCREATISED COD LIVER OIL: A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PEPTODYN, the New Digestive, Digests all kinds of Food—the **FABINACROUS, FIBRINOUS, and OLEAGINOUS,** (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch. As Supplied to the Royal Families of England and Russia. Feeding Infants on the best, *i. e.* the most *nourishing and easily digested* Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing Starch, in the form of Corn Flour and other *high-sounding titles*, has been repeatedly pointed out.

This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

DATURA TATULA, for Asthma and Chronic Bronchitis.

Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown only by Savory and Moore, and prepared in all forms for smoking and inhalation.

Wholesale of Messrs LYMAN, CLARE & Co., and Retail of the Principal Druggists in the Dominion and America.

DETROIT Medical College

SESSIONS OF 1876-'77.

PRELIMINARY SESSION opens September 6th, and continues one month.

REGULAR SESSION opens October 4th, and continues five months.

RECITATION SESSION opens second Wednesday in March, 1877, and continues four months.

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

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

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

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

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

Announcement or farther information can be promptly obtained by addressing

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

JOHN REYNDERS & CO.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

(UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,)

Manufacturers and Importers of

SURGICAL

AND

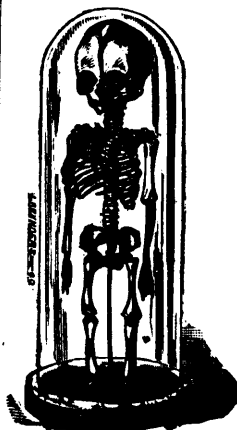
Orthopaedical Instruments,

SKELETONS,

AND

ANATOMICAL

PREPARATIONS.



The Manufacture and Importation of every article used by Physicians and Surgeons our Specialties.

Our Illustrated Catalogue and Price List mailed on application, enclosing twelve cents for Postage.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, JUNE 1ST, 1876. No. 10.

Original Communications.

OVARIOTOMY.

BY R. HENWOOD, M.D., BRANTFORD.

(Member of the Medical Council of Ontario.)

Although it is not as agreeable to publish a failure as to record a success. Yet the many points of interest presented by the following case induce me to request a place for it in your journal.

Mrs. S. æt. 38 ; married, but had never borne children, came under my care late in October last, and from the account she gave of herself I considered her to be afflicted with cystic disease of the ovary. She had been seen, during the last four or five years by many physicians some of whom were of the same opinion as myself. How ever a further and more complete investigation of her case rendered it rather doubtful as to what her disease actually was. Her *history* was as follows. She had never menstruated regularly in her life, and for the last five years not at all *i.e.* by the natural passages, but on rare occasions she had vomited a little blood and sometimes had passed a little blood *per rectum*. About five years ago she observed herself to be somewhat increased in size and thought she might be pregnant, but time revealed her mistake. She continued slowly to increase in size until at present her abdomen is very large, she herself believing her increased size to be due to *retained menstrual fluid*.

On examination, the abdomen was found to be largely and uniformly distended, presenting no unevenness of outline ; it was dull on percussion throughout, and fluctuation was readily felt (even by the lightest tap) in any posture of the patient, and equally throughout the entire abdomen. Through, and apparently behind this fluid, a tumor could with difficulty be made out, occupying the lower part of the abdomen.

On examining with a speculum neither the os nor *cervix uteri* could be seen, although the cervix could be felt by the finger, covered apparently by the vaginal wall, and the site of the os was indicated by a slight flattening or depression which could be both felt and seen.

This membrane was so dense and strong as to resist any justifiable force to rupture it, and from appearances this condition of the parts must have existed for a great length of time, probably from early life. The uterus itself was fixed and immovable. Under the circumstances I determined not to interfere with the case until fortified by further professional aid and opinion ; the fluid might be cystic or simply peritoneal ; the tumor might be ovarian or a distended uterus, or fibroid. I therefore called on Drs. Digby and Philip, who kindly saw the patient with me, and satisfied themselves of the above stated condition of the case, by a careful examination. To assist in clearing up the doubts, we determined first of all to tap the patient, which was done on the 29th October last, when a large quantity (nearly two gallons) of clear colourless limpid fluid was removed precisely like peritoneal fluid, which it was supposed to be, when through the relaxed parietes a tumor was readily felt occupying the lower portion of the abdomen ; it was quite movable and about the size of a foetal head. As soon as the patient had recovered from the effects of the tapping, I determined to attempt to establish a patent *os uteri* and with the concurrence and assistance of Drs. Digby and Philip, I removed a small disc of the membrane where the position of the os was indicated, and introduced a small metrotome and divided the os and cervical canal freely on either side and as far up as the instrument would readily pass, when a small tent was introduced and kept *in situ* by a tampon. The use of tents was continued until a good os was established, and the cervical canal dilated so that a large gum elastic catheter could readily be passed to a distance of over two inches, and the parts shewed every disposition to remain in their improved condition. During this treatment which occupied a long time (altogether some ten or twelve weeks) the uterus itself became very slowly and by degrees less fixed, so that at last it was easily movable in any direction feeling light and small, and was easily drawn down with a tenaculum so that a tent or other instrument could be introduced. I may

here state that during this time the patient's health became much improved, and the monthly nusus well marked, and although I do not think I ever succeeded in introducing a sound completely to the fundus (on account of a certain amount of flexure caused by the weight of the superincumbent tumor), yet I am satisfied that she menstruated at her two last periods *per vias naturales*.

The patient and her friends consented to an operation for the removal of the tumor (which was clearly ovarian) and which was performed on the 30th March, with the kind and able assistance of Drs. Bown, Philip and Digby. Chloroform being administered, an incision $3\frac{1}{2}$ inches long was made in the middle line midway between the umbilicus and pubis, and five large cysts were in succession emptied through a Baker Brown trochar. The fluids obtained from these cysts presented a marked difference from each other as to colour and consistence; the first being limpid, transparent, and dark coffee coloured; the second was limpid, transparent, and colourless; the third was transparent, and straw coloured, but so thick as to flow with difficulty through the trochar; the fourth was opaque, colourless, and semi-solid; the fifth was yellow, opaque, and of the consistency of thick gruel. The emptied cysts were drawn through the wound, and were followed by the remainder of the tumor though not without some difficulty, caused in part by the unsteadiness of the patient on whom chloroform could not be pushed to as full anæsthesia as was desirable, a most alarming pallor with arrested breathing having twice occurred during its administration. It proved to be the right ovary which was diseased. The pedicle was very short, and so broad that it could not be included between the screws of the clamp (which was four inches) without considerable difficulty. The clamp being tightened the tumor was cut off. The extreme shortness of the pedicle rendered the treatment of the stump by the clamp out of the question, so it was transixed by a needle armed with a strong linen thread ligature, (double) the two halves firmly tied, and the stump divided as close to the ligature as was deemed safe. The wound which included the peritoneum was closed by three needles, and twisted sutures, and three intermediate wire stitches; the line of incision was covered by two pads of lint wet with

carbolic lotion, a broad pad and flannel bandage being snugly applied over all. The patient was placed in bed just one hour from the commencement of the operation and $\frac{1}{3}$ of a grain of morphia given; surface of the body cold; pulse 85, small and weak; complained of nausea.

4 p. m. Three hours after the operation; slight reaction; pulse 100; complains of thirst; vomited once; ordered ice to suck.

8 a. m. Has slept at intervals; no more vomiting; surface warmer, used catheter, drawing off $\frac{3}{8}$ urine; drank a tumblerful of milk, a little tea, and ate a soda biscuit; pulse 90. March 31st, a. m. Has slept well; no vomiting nor pain; feels quite comfortable and cheerful; takes milk freely; sucks ice; pulse 90. It would be tedious to report every visit, suffice it to say that the patient progressed most favourably without an untoward symptom from the time of the operation until the afternoon of the 1st April, when on entering her room, from the appearance of her countenance I saw that something of a very serious nature had taken place. I found on examining that an alarming hæmorrhage had occurred, the patient in syncope. I sent for assistance and soon had Drs. Philip and Digby with me. Of course the case was desperate, and we considered that we would be justified in opening the wound as offering the only possible chance for the patient. On opening the wound we found a large quantity of blood in the abdomen which flowed from a point deep down in the pelvis. The blood was venous; the pedicle was quite secure. There was no possibility of effectually controlling this bleeding, so the best thing we could do under the circumstances was to take a long strip of cotton and soaking one end of it in a solution of perchloride of iron, place it over the bleeding point, and keep it in its place by folding the remainder of the strip like a compress on it. Allowing its free end to come through the lower end of the wound which was again closed and dressed as at first. I of course told the patient and her friends that there was no hope. It was astonishing how well she bore all this, and how well she rallied some hours, after partaking of milk, etc., freely, only complaining of feeling weak. However, the bleeding occurred, and she died on Sunday morning at nine o'clock. We are told that the sudden emptying of the abdomen, after

being long distended, by tapping, &c., is sometimes followed by the bursting of the vessels causing fatal hæmorrhage, from the long accustomed support being suddenly removed.

But for the occurrence of the hæmorrhage which I never expected nor even took into consideration, there is very little doubt the patient would have made a rapid and complete recovery. An examination three hours after death revealed a rent in the peritoneum, about an inch and a half below and behind the root of the pedicle through which the blood flowed, the internal iliac vein being the vessel which had given way. The pedicle as before mentioned was very short, the tumor was large, and at the moment it passed through the wound was rather unmanageable, the patient at this time being more restless than at any other period of the operation. The laceration in the peritoneum probably happened at this moment from too great a strain being accidentally put upon the pedicle. The vein however did not give way until the time above stated, and perhaps was caused by my unwisely permitting the patient (but a short time before the accident) to be raised into a half sitting posture, she feeling well and urgently desiring it. I never suspected the least damage could be incurred by gratifying her wish. Was the opening of the wound under the before mentioned circumstances justifiable?

PERSEQUI-NITRATE OF IRON IN CHRONIC DIARRHŒA.

BY WILLIAM KERR, M.D., GALT.

In chronic diarrhœa, from want of tone, I know of no remedy equal to the persesqui-nitrate of iron. Dr. Graves, of Dublin, in his *Clinical Medicine*, 1842, says "you will be consulted by females of a delicate and weakly habit, who frequently exhibit symptoms of nervous derangement, such as palpitation, sleeplessness and headache, who are easily excited or alarmed, and have a tendency to emaciation and paleness, and have little or no appetite. Combined with these symptoms you find that they have been laboring under diarrhœa for weeks, or even months, and that this, with other causes of debility, has rendered their condition extremely uncomfortable. You will also be informed by the

patient that she has tried many remedies without benefit, and that she is extremely anxious to have something done to give relief, and hence it is a matter of importance to be acquainted with any remedy which may be likely to prove serviceable. This form of diarrhœa is of an unmanageable nature, and very seldom amenable to ordinary modes of management. The common astringent remedies totally fail, chalk-mixture, rhatany-root and catechu are useless; and in such cases it has been observed that opium is generally injurious. If you prescribe opium it commonly checks the disease for a time, but this temporary relief is accompanied by debility, malaise, restlessness, and many uneasy symptoms, and the diarrhœa soon returns and is as bad as ever. The medicine which I have found most effectual in such cases is the persesquinitrate of iron." (Dr. Graves attributes the introduction of this as a medicine to Sir R. Christison, but in his next edition corrects the error.) "With it I have succeeded in curing many cases which had been exceedingly obstinate, and of very considerable duration; the disease having in one instance resisted all the efforts of medical skill for seven months, and in the other for two years. Seven or eight drops of the liquor ferri persesqui-nitratis, (equal to half a teaspoonful of that of the formula in this paper) gradually increased to twelve or fifteen was the quantity prescribed in both cases. In the course of four days a slight diminution of the diarrhœa was perceptible; in a fortnight the patients felt much better, and in a month or five weeks it had disappeared altogether. This took place without being followed by any bad effects, there was no swelling of the stomach, no tympanites, no tormina, no restlessness or nervous derangement, the patients recovered their health and strength, and the cure was at once permanent and safe."

Dr. Neligan, in his work on "*Medicines*," 1847, states that "the persesqui-nitrate of iron is an admirable astringent, possessing also tonic properties. It will be found particularly useful in chronic cases of mucous diarrhœa, when there is much emaciation and loss of appetite. In such I have derived much benefit from its employment, after many other remedies had failed." Dr. Dunglison, on *New Remedies*, 1846, says, "Kopp administered it with the greatest success in many cases of chronic diarrhœa that had resisted every approved

remedy." Dr. Twining (*Diseases of India*) and others also testify in its favor.

An elderly gentleman holding an important office in the University of Glasgow, having consulted several of the most eminent medical men in that city, and also in Edinburgh, without success, for diarrhoea of long-continuance, which was manifestly reducing his strength, proceeded to London to obtain the advice of the leaders of the profession there. The opinion given was that the most approved remedies, having failed, the disease would slowly but surely prove fatal. On his return to Glasgow he applied to Dr. Laurie, afterwards Professor of Surgery in the University, who gave him persesqui-nitrate of iron. Rapid improvement followed, diarrhoea ceased, and he lived for years afterwards into old age.

A lady in this country who for sixteen years had suffered from relaxed bowels was affected with more than ordinary severity and frequency in the summer of 1848. At this time I was consulted, and advised the persesqui-nitrate of iron. After a few doses the complaint ceased, and did not return, the medicine being continued for some time to establish a cure. Various remedies had previously been tried by the advice of medical men both in Canada and Britain, but without benefit.

The persesqui-nitrate of iron is also valuable in ague, along with quinine, while there are paroxysms, and without, in that stage known as dumb ague. (*See Edinburgh Med. Four.*, Sept. 1851.)

Its strongly astringent taste unaccompanied by causticity first led me to make trials of the persesqui-nitrate of iron, and possibly to these qualities it owes much of its efficacy, but the constituents of the acid may likewise have a share; nitrogen may play an important part, as we know it does in diet, and in an acid so readily decomposed the oxygen and nitrogen may be assimilated with, and strengthen the living tissue. We are apt to speak of salts of iron as if all depended on the base, yet a moment's reflection tells, that in salts of potash or soda the acid in combination greatly modifies the qualities of the salt. Looking over the foregoing reports it is impossible to believe that the various eminent medical men, who had given all the most approved remedies for chronic diarrhoea had neglected the muriate, sulphate or citrate of iron, but they failed to cure till the persesqui-nitrate was used.

I have long prepared the medicine according to the following formula:—Mix one ounce and a half of nitric acid with seven and a half of water, both of these quantities by measure, put into this half an ounce of iron wire (No. 17 is a convenient thickness) broken into pieces and arranged so as to reach every portion of the fluid. At the end of ten or twelve hours pour off the solution from the small remainder of wire, and add as much water as will bring the whole to thirty ounces. In my first formula* the acid and iron are respectively three ounces and one, and the total when completed, thirty, a quantity which has been approximately adopted by the United States Dispensatory and the British Pharmacopœia, but is liable to the objection that the solution becomes much sooner turbid than in the more dilute solution. The liquid ought to be transparent, and of a beautiful dark red color. In cold weather the process must be carried on in doors, otherwise the solution will be that of proto-nitrate, but in warm weather this is not necessary. The noxious fumes of nitrous acid can be altogether avoided by placing a receiver over the vessel containing the acid and iron, having its lower edge immersed in an inch or so of water. In making the chloride of gold for photographers, the fumes, which have brought fatal pulmonary disease on some individuals, may be similarly condensed. In preparing the persesqui-nitrate the most important object is as little as possible to exceed the temperature necessary to peroxidize the iron. If the acid is less diluted, the weather very warm, or the quantity prepared greater, it is possible that the heat of the liquid may rise so high that the solution will be turbid from the first; on the other hand if the heat has been kept moderate the solution may remain transparent the greater part of a year. The proper temperature is most easily preserved by Prof. Proctor's plan.

CASE OF OVARIOTOMY.

BY T. R. BUCKHAM, A.M., M.D., M.C.P. AND S., ONT.
FLINT, MICH.

Mrs. L. D., æt. 41; married in 1858; has two children living, æt. respectively 16 and 9 years, called upon me on the 29th of November last, and

* *Edinburgh Med. & Surg. Journal*, Jan. 1832. See also *Glasgow Med. Journal*, 1832, *Edinburgh Med Journal*, May, 1843 and Sept. 1851.

stated that five years ago she had consulted me (which I had forgotten) for "suppression of the menses and a small painful lump on the left side" which lump she stated I then called an enlarged ovary—that I gave her some medicine which brought on her catamenia, the lump going away at the same time, and that she had been quite regular ever since. That in April 1875, she again found the tumour, which had grown very rapidly and her strength had gradually failed. On examination I found the abdominal walls so tense that I could not determine the outline of the tumour; in the upright posture, no resonance until within an inch and a half of the ensiform cartilage—lying on the right side, none whatever—on the left with the hips elevated, resonance over a small part of the right side. The uterus was found to be normal as to situation, but not mobile.

She stated that for some weeks she had increased in size very rapidly, suffering great pain with a feeling of suffocation, especially when reclining, and that the excretion of urine had been very scanty, not more than 6-8 ounces per diem, I ordered

R—Elaterii, grs. iij.
 Potassæ citratis, ʒv.
 Lithiæ citratis, ʒiiss.
 Fl. Ext. Pipsisewæ, ʒij.
 Aquæ Cinnamomii, ad. ʒiv.—M.

SIG.—A teaspoonful in water every three hours, and

R—Magnesiæ Sulphatis, ʒvj.
 — Carbonatis, ʒij.—M. Ft. Pulv.

SIG.—Take a teaspoonful in milk night and morning, to be increased if necessary to produce two or three watery alvine evacuations daily. I took careful measurements of the body, which for more ready comparison will be given with others taken subsequently. She being reported doing well, treatment was continued till the 14th Dec. when she again visited me and stated "that for two days she had passed over two quarts of urine daily, besides two or three very copious watery stools." On examination I found the abdominal walls in a lax, flabby condition, and the outline of a large ovarian tumour easily felt—immobile, certainly multilocular as deep fissures could be distinctly traced. Continued treatment with the addition of a ferruginous tonic and lessening the dose of magnesia until 31st January, taking measurements as follows:

	Nov. 20.	Dec. 14.	Dec. 29.	Jan. 31.
Girth at umbilical level.....	37½	36½	36	38
From Ensiform Cartilage to Umbilicus.....	9	7	6	7
— umbilicus to Symp. pubis....	9	8	7½	8
— — right ant. Sup. process of ilium.....	11	9½	8½	8½
— — left do.....	11	10	10½	10½

When she visited me by appointment, to be operated upon next day, she informed me that two days before, "she had fallen striking her body on the iron step of her carriage and that she thought the tumour had burst as she had felt a sudden change of its position."

February 1st. being the day of regular monthly meeting of our County Medical Society, in response to my invitation to witness the operation, twelve of the members met at the operating room, at 2 p.m. When the patient being fully under the influence of chloroform administered by Dr. Fairbank, I made an incision five inches in length in the course of the linea alba, dividing carefully the peritoneum on a grooved director, when I found that a section of the cyst had been ruptured, and a semi-solid, viscid colloid substance came welling up from the abdominal cavity, although there was no opening in the cyst in the line of incision in the abdominal wall. An opening, large enough to admit the hand was then made into the tumor, which was found to be like honey-comb only the cells were from an inch to an inch and a half in diameter, the cell-walls or septa being easily broken down by the fingers, and the contents to the amount of half an ordinary pailful were scooped out by the hand. The adhesions of the cyst were extensive, but not firm, being readily broken down by manipulation, no dissection being required. Owing, however, to thickness of the cyst-walls, the presence of broken-down cells and the incomplete emptying of the tumor of its slipping contents, I found it necessary to enlarge the abdominal opening which I did extending the incision an inch and a half farther up past, and to the left of the umbilicus, when the tumor was removed, securing the pedicle on the outside by a "Spencer Well's clamp." The free contents of the tumor were then as completely as possible, removed from the bowels and the whole cavity and viscera carefully but freely sponged with water at 99° Fahr. and the wound closed by six deep (including the peritoneum) and five superficial sutures of silk. The tumour, with its con-

tents weighed 29 lbs. Patient bore the chloroform and operation very well; slight nausea after the anæsthesia passed off; gave twenty grains of chloral hydrate. At 10 p.m. gave a quarter of a grain of morphia hypodermically and directed two drops at Fl. Ext. verat. viridi, to be given every two hours.

February 2nd. Condition very favorable; in the evening discontinued the veratrum.

February 3rd. Condition excellent; had a good night's rest; pulse 90, soft; temp. 98.5; respirations normal. Fearing that I might have to establish drainage through Douglas' space, or at some other point, owing to the difficulty of removing the whole of the fluid, with possibly a little water used in sponging, from the abdominal cavity, her condition being so very favorable, I determined to try drainage by the kidneys, and exhibited substantially the same diuretic that I had prescribed for the removal of the ascites, in smaller doses however, so as not to induce vomiting, and giving as required small doses of opium with the double purpose of preventing irritation of the bowels by the action of the elaterium, and of preventing any movement of the bowels, and directing the patient to abstain as much as possible from drinking, directing small pieces of ice to be held in the mouth to quench thirst. Continued the treatment with slight modifications; patient passed large quantities of dense offensive urine for three days, when examination per vaginam satisfied me that there was no free fluid in the abdominal cavity. Discontinued the diuretic; next day in dressing the wound found a protrusion or hernia bulging out from the pedicle under the clamp, about as thick and half as long as the index finger, which I judged to be caused by stricture, preventing venous circulation in the pedicle; removed the deep suture next to it, and transfixed the protrusion, ligating both halves tightly with strong silk.

On the sixth day removed all the sutures, the wound having healed by first intention. On the ninth day the clamp came off; wound underneath almost healed; as a dressing I used carbolic acid and olive oil, one part to eight. On the twelfth day the bowels moved freely (for the first time since the operation) after the exhibition of two doses of castor oil and an enema of tepid water, the latter repeated four times at intervals of two hours, from which time the patient continued to improve

in strength without any unfavourable symptoms until the morning of the 26th, having been up and walking around her room for the three days preceding, when she was suddenly attacked with severe pain in the right iliac region, great tenderness on pressure; bowels tympanitic; anxious countenance; pulse 118; temp 104; respirations 36. Directed the usual remedies and treatment for acute peritonitis.

27th. Pain less; indications all more favourable, slight menstrual flow. Treatment continued with large warm water injections every hour until the flowing should be free.

28th. Condition every way better; pain still confined to right iliac region; concluded that the attack was ovaritis instead of peritonitis as I had at first supposed.

March 1. No acute disease present, but a tendency to diarrhœa; slight fever, with tenderness on pressure over the whole abdomen, and urine loaded with water. Directed

R.—Quinina sulph. ʒss.
Lithiæ Carb. gr. xv.
Pulv. opii, gr. xv.,
Bismuthi trisnit. ʒj.
Argenti oxidi, ʒj.
Ext. tarax., ʒss.

M. ft. Massa et in pil. xxx. dividenda.

One to be taken every three hours.

3rd. Patient comfortable; tenderness almost entirely gone; no tendency to diarrhœa; directed one pill three times a day.

5th. Patient feeling quite well; discontinued pills; nothing further unfavourable occurring; in ten days patient was strong enough to leave the city and return home. As will be readily seen I have not given the *full* treatment of the case, but only sufficient to indicate the reason why, when I have departed from the ordinary course, and I would here remark that however desirable to prevent the necessity of drainage, I would consider it extremely hazardous, and unjustifiable to administer elaterium were there any tendency to peritonitis, or where *all* the symptoms were not unusually favourable, and then only under constant, close and careful watching.

I have pleasure in acknowledging my obligation to Drs. Fish, Fairbank, Millard, Hurd, Howland and others for kind advice and assistance both at the operation, subsequent dressings, and in the treatment.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In the May number of the LANCET you comment, as you have often done before, upon what you think the impropriety of members of the Council of the College of Physicians and Surgeons of Ontario electing themselves as examiners; and your remarks would lead the profession to infer, that it is to this manner of constituting the Examining Board, that all the troubles which are said to have occurred at the late Examinations, may be attributed.

These troubles having been grossly exaggerated, and much misrepresentation having found its way into the press, both professional and non-professional, I felt called up to send a letter to the *Toronto Globe*, authoritatively denying, and I think satisfactorily disproving, charges freely made, as to the intemperance of some of the members of the Board of Examiners while actually engaged in conducting the oral examinations.

It would have given me great pleasure if I could have gone further, and been able to testify, that from the beginning of the "written," to the end of the "oral" examinations, every member of the Board had efficiently and faithfully discharged the duties which had been assigned to him, and which by his acceptance of the office, he had undertaken to fulfil. But however painful it may be to my personal feelings, I must not shrink from the duty which will shortly devolve upon me as Chairman of the Board of Examiners, of reporting to the Council at its next meeting, that serious delay occurred in beginning the oral examinations, from either the negligence or dilatoriness of two of the members of the Board. The papers which these gentlemen should have brought to the meeting of the Board on the morning of Tuesday 11th April, ready for making up the schedules, were not produced until near noon of the 12th. A whole day and a portion of another were thus lost to the Board—the candidates, naturally enough, became impatient, and excited by the delay, and it is greatly to their credit that under the circumstances, they maintained the decorum which they did. It was only by the earnest and steady application of the Board to its work during the whole of the night of Thursday, 13th April, that the examinations were

brought to a close within the period for which we had obtained the use of the University apartments.

Reverting now to your reiterated complaints of the evils resulting from members of Council constituting themselves examiners, and the supposed advantages of some other course, let us see how far the Council is responsible for the appointment of the two members of the Board of Examiners whose dereliction of duty entailed so much additional labor upon their colleagues. It will be found that in their case, the council so far from sending them to the Board, had not even a voice in their nomination.

I am as far as possible from wishing to bring trouble upon either of those gentlemen, for whom personally, I have a high regard, nevertheless, I would be failing in my duty as Chairman of the Board of Examiners, if, after that Board has most faithfully and efficiently discharged the responsible duty assigned to it, I allowed it to be censured for short-comings attributable, not to it as a whole, but solely to two of its members.

When the "Ontario Medical Act" was passing through Parliament in its first shape, care was taken by those promoters of the Bill, who were connected with the Medical Schools in the Province, that they should have what they considered to be a sufficient representation on the Board of Examiners established by that Act. This Board consisting as it did at first of thirteen members, the four which the schools were allowed to nominate, gave no undue preponderance to the educational element; but when by the amended act the board was reduced to nine by the elimination of four of the non-educational members, it became evident that unless some of the territorial members of the Council were themselves elected to that Board, the educational interest would have an influence, which the profession at large would neither approve of, nor consider compatible with its welfare.

There being now only four members of the examining board to be divided among twelve territorial representatives, it follows that only once in three years would each of them have the opportunity of nominating an Examiner. The certain result of sending an inexperienced member, even of the very highest attainments, but from the

very fact of these constant changes, necessarily unfamiliar with the usages and working of the Board, would be, that the educational representatives not being annually changed, and therefore more practised and experienced would obtain the absolute control and management of the whole proceedings, and the four territorial members would be reduced to mere ciphers. And not having any voice in the Council, they could not properly defend any course which they might choose to adopt or suggest. If the members of the College throughout the Province were to ponder well on these facts, they would see that their interest lies in strengthening the hands of their representatives in the Council. And the way to do so is not that adopted by the local association of King's and Queen's at Port Perry the other day.

Being unconnected either with the territorial or with the educational interest, I am in a position to give an unbiased opinion upon this subject, and I can conscientiously declare that the members of the Board of Examiners appointed by the Council have discharged their duty as faithfully and efficiently as those nominated by the Medical Schools.

If the Medical Act could be so amended as to vest in the Council the appointment of the whole of the Board of Examiners, as the majority of the profession think it ought always to have been vested, there is not a doubt but it would cheerfully agree to appoint all the examiners from outside its own body. Now that, by the closure of the Victoria School, the Educational Examiners are to be reduced in number to three, it may perhaps be safe to do so, to a certain extent. But until now, no one would consider that the territorial members had rightly discharged their duty to their constituents, if they had failed to send to the Board of Examiners a sufficient number of themselves, at least to equal in influence the educational representation in that Board, and it is confidently believed that if the matter had ever been clearly set before their constituents, that such resolutions as those passed at Port Perry would have found no echo from the Profession throughout the country.

As your comments both upon the recent examinations, and upon the constitution of the Board of Examiners, are calculated to place them before the public and the Profession in a light in which they do not deserve to be placed, I must ask you as an act of justice, to publish this explanatory letter in the next number of the "LANCET."

Your obedient servant,

D. CAMPBELL, M.D., Edin.

Chairman Board of Examiners.

College of Physicians and Surgeons, Ont.
Toronto. May 19th, 1876.

SPINA BIFIDA.

To the Editor of the CANADA LANCET.

SIR,—In the March number of THE LANCET, you reproduced an article, contributed by Professor Watson, of Glasgow, in which he claims to have discovered a new method of treating spina bifida.

Perhaps the learned Professor "will be surprised to know" that the plan he now advocates, was recommended and practised successfully, several years ago. Professor Watson states that,—

"Previously to October, 1871, it was the habit with others as well as myself, to regard cases of spina bifida as hopeless, and to discountenance the idea of surgical interference. * * * This mode of treatment was first employed by me in October, 1871, and the details of the case are given in the abstract of a clinical lecture which appeared in the number of the *British Medical Journal*, dated April 6th, 1872." * * * This mode of injection has been employed in ten cases. Of these, seven have been successful, and entirely so; the cases being uncomplicated by paralysis, or any other deformity, and, so far as known to me remain well."

In the year 1867, Dr. J. S. Carodec, of Brest, in *L'Union Medicale*, recommended the method of treatment now practised by the Glasgow professor, the only variation being, that the iodine was dissolved in distilled water, instead of glycerine, now a fashionable vehicle.

The procedure, recommended by Dr. Carodec, was adopted by me, in a case under my care, in March, 1868; three years and a half previous to being practised in Glasgow.

The details of the treatment pursued in my case, are as follows:—

Case. Female child, aged three months; spina bifida tumor in lumbar region, one a half inches, either way, in size; tense with fluid and semi-transparent.

March 24th, 1868, tumor tapped with a hypodermic syringe, and six drachms of a clear colorless fluid withdrawn; the orifice of the puncture covered with collodion; over the tumor, a light compress and a wide strip of adhesive plaster reaching nearly around the child's body, covered with an abdominal bandage.

The tumor gradually refilled and by the fourth day was tense again.

On the 28th, four drachms withdrawn and half a drachm of a solution of iodine (of one part of the

tincture to five parts of distilled water) slowly injected into the sac, as far away as possible from the centre, while the opening into the spinal column was kept closed by pressure with the finger; after allowing this to remain about three minutes, it was pressed out, and the tumor dressed as before.

April 1st. Tumor again tapped, and three drachms withdrawn; one drachm injected.

6th. Operation repeated.

11th. Fourth puncture; two drachms injected,

15th. Walls of sac diminishing and becoming indurated; two drachms of a stronger solution (one to three) injected.

21st. Tumor becoming more and more dense and opaque; two drachms (half and half) injected.

25th. No fluctuation can be detected; induration appears complete. After the first injection, the child was in considerable pain and had to be quieted with anodynes, but there was not much suffering after the subsequent operation. During the period of treatment, the child remained in good health, and went on thriving as usual.

That child, is now a lovely little girl in the ninth year of her age, healthy and well in every respect; a small cicatrix only remaining, to remind us of the peril that was averted.

Since writing the above, the May number of the LANCET has come to hand, containing a communication from my friend Dr. Bethune, relating a case of spina bifida, finally treated with the elastic ligature; first trying one injection of two drachms of tinct iodine comp. After the injection, the doctor says,

"For a week or two the disease seemed to be checked, and I was in hopes that it was cured, but it then began to grow again," &c.

The result of that one injection of iodine, was very encouraging, and warrants the conclusion that, had the doctor persevered with the injections, at suitable intervals, the result would have been a complete success, and with perhaps less suffering than his little patient endured.

There are many cases of large spina bifida tumors, with broad ill-defined bases, where the ligature could not be applied, and I think the injection method is to be preferred, even, in small tumors.

Yours, &c.

J. W. ROSEBRUGH.

Hamilton, May 1st, 1876.

To the Editor of the CANADA LANCET.

SIR,—Perhaps you are not aware that we have some would-be Doctresses in our locality, and that at the last sitting of our Local Parliament they were seeking favors in the shape of license to practice the "Diseases of women and children" which they claim to be so well up in; but the waters became troubled, and their crafts began to toss to and fro, except one old "drummer" who had, as she thought, more skill than her comrades, or I might say more brass. She claims to have her papers all right, and publishes glowing advertisements in all the local papers informing the people what great things she can do. It is understood that she has a permit or something of that sort, which I believe she obtained from a member of the Executive Committee of the Council, and she hopes soon to get her genuine papers. The following is a sample of her skill in diagnosis:

She was treating a young woman for hysteria. She told the friends in German, she cannot speak English (I give it verbatim) that "de mutter geht zu viel in der hope und de bauch geht zu viel herunder." The uterus is too high up and the abdomen too low down," a state of things never heard of before. A nice specimen she is for license to practice.

Yours truly,

W. O. ROBINSON.

St. Jacobs, May 10, 1876.

To the Editor of the CANADA LANCET.

Sir,—I observe a communication in your last issue with reference to the "Lizar's Fund," signed "Homo Sum," and as treasurer of that fund I beg in reply thereto to state the following particulars:—The total amount received was \$179; interest while on deposit in the Bank, 69 cents; expenses for printing, stationary, postage, &c., \$9.14—leaving a balance of \$170.55 which I handed over to the widow of the late Dr. Lizar's, and took a receipt for the amount. Post-card receipts were sent to all contributors; if any have failed to receive them, duplicates will be sent if desired.

Yours truly,

N. BETHUNE.

Toronto, May 20th, 1875.

Selected Articles.

CASES OF OVARIOTOMY IN GUY'S HOSPITAL.

(Under the Care of MR. BRYANT.)

The following notes, which have been collected by Mr. R. Carrington, late resident obstetric assistant, comprise all the cases of ovariectomy performed by Mr. Bryant at Guy's during a little more than a year.

CASE 1. *Ovarian disease; tapping; peritonitis; suppuration of ovarian cyst; ovariectomy; recovery.*—E. P—, a married woman, aged thirty-four, was admitted June 30th, 1874. She had been confined seventeen months previously, and had suckled her child for fourteen months. The catamenia had not appeared since her confinement, but her general health had been tolerably good. Four months before admission she noticed an increase in the size of her abdomen, and imagined she was again pregnant. She increased so rapidly, and suffered so much pain, that she called in medical assistance, and was tapped, and three gallons of fluid drawn off. Three months after this paracentesis was again performed, and a slightly larger quantity of fluid evacuated. She was then examined by Mr. Bryant, and came into the hospital with the wound of the last puncture unhealed.

On admission, it was quite clear that some peritonitis existed, and, judging from the constitutional symptoms, it seemed probable that disorganising changes were going on in the ovarian tumour. The pulse was 120; the temperature was several degrees beyond normal; and the abdomen was very tender.

Under these circumstances an immediate operation was proposed, and on July 18th it was performed. A long incision of about eight inches was made, and a quantity of ascitic fluid, opaque, and containing pus with flakes of lymph, evacuated. An ovarian tumour was exposed, with its surface covered with lymph, and firmly adherent to the left side of the abdominal parietes and pelvis. It was clearly polycystic. The tumor was tapped, and a quantity of fetid pus and broken-up tissue turned out. A free incision was made subsequently into the cyst, and its contents broken down. The cyst-wall was then carefully separated from its parietal and pelvic attachments, and the whole removed, this part of the operation being attended with some difficulty. The pedicle was found to be a thick one, but it was long enough to admit of the application of a clamp. This was consequently applied and the abdominal cavity carefully sponged. A few omental adhesions were divided and ligatured, and the wound closed by deep and superficial sutures.

After the operation everything went on well.

The pulse and temperature at once fell, never to rise again above the normal standard. The clamp came off on the twelfth day, and on Sept. 12th the patient left the hospital convalescent.

This case must be regarded as a very instructive one, illustrating as it clearly does the propriety of removing an ovarian tumour, the seat of disorganising changes, even when suppurative peritonitis is present. All constitutional symptoms rapidly subsided after the operation.

CASE 2. *Ovarian disease; rupture of cyst; ovariectomy; enucleation of cyst; recovery.*—M. W—, a married woman, aged forty-five, was admitted on April 27th, 1875. Her last child was born four years before, the delivery having been premature at seven months and a half. She had generally enjoyed good health, although for twelve years she had experienced a dull pain and some swelling at the lower part of her abdomen on the left side. The swelling increased very slowly, although for the eight or nine months before admission it had grown more rapidly. Three months before she was suddenly seized with acute pain at the lower part of the abdomen on the right side, and this pain lasted for twenty-four hours, and was attended with much constitutional disturbance. It then gradually subsided. For three months after this the abdominal tumour diminished in size; it then steadily increased, although the woman did not think that it ever regained its former size. She was in the hospital for ten days after the onset of the abdominal pain, under the care of Dr. Hicks, when rupture of the cyst was diagnosed.

On admission her abdomen was very large, and an ovarian cyst was felt, in which there did not appear to be much solid matter. The patient was examined on April 30th by Dr. Galabin, who reported that the abdominal tumour seemed well suited for removal, but that pelvic adhesions were probable.

May 5th.—Ovariectomy was performed by Mr. Bryant. The cyst was found to extend downwards between the layers of the broad ligament, the pedicle being obscured. By the aid of the scalpel the peritoneal covering of the cyst was divided and the cyst itself enucleated from its serous covering; a long pedicle was then brought into view, and this together with the posterior layer of the broad ligament, was clamped and brought out through the wound, the edges of which were secured by silk sutures. The cyst was compound, containing but little solid matter.

On May 11th the sutures were removed; on the 17th the clamp came away, and on the 24th the patient went out, having made an uninterrupted recovery.

This case is of interest, as showing the practicability and value of enucleation, as without this mode of procedure it would have been impossible to have brought it to a successful termination; and

this remark is probably applicable to a large number of cases.

CASE 3. *Polycystic ovarian tumour ; ovariectomy ; recovery.*—R. O——, a married woman, aged fifty-six, was admitted, March 26th, 1875, having been sent by Dr. Carey, of Guernsey, to Mr. Bryant. Nine years before, her right breast was removed, but she was told it was not for cancer. Menses had ceased four years. The previous summer the abdomen began to enlarge, and this was followed by swelling of the legs. She did not notice any definite lump on the abdomen. Her abdomen measured thirty-eight inches in circumference, was spherical in form, tense and elastic, dull on percussion in front, resonant on the flanks, and there was the thrill of fluid. The os uteri was high up, and the cyst could be felt in front of it, and pressure on the abdomen was communicated to the finger in the vagina. Dr. Hicks examined the patient and gave the following opinion:—"Ovarian cyst, mainly simple ; uterus apparently small and drawn up high ; some solid tumour felt below, but all the tumour is above the brim."

April 10th.—Mr. Bryant performed ovariectomy. The cyst, which contained a large quantity of clear yellow fluid, easily emerged, there being no adhesions. The pedicle, which was rather fleshy, was clamped and secured externally, and the edges of incision brought together by superficial and deep sutures. There was but one large cyst, with the diseased ovary, which was cystic, and of the size of an orange.

The clamp came away on the fifteenth day, and the patient made a good recovery. The temperature only went as high as 100° on two occasions. On May 1st the patient went out with the abdominal wound all but healed.

CASE 4—*Ovarian disease ; puncture ; ovariectomy ; cure.*—T. H——, aged twenty-four, married eighteen months, admitted October 6th, 1875. She menstruated regularly. Fifteen months before she was said to have had "sciatica." Three days after the commencement of this she noticed a swelling on the right side of the abdomen, unaccompanied by pain ; this gradually increased in size. She was tapped three weeks before admission, and about a pint and a half of very thick, dark fluid was drawn off. The puncture kept discharging a clear fluid for three or four days. After this she kept her bed, and had occasional sharp-shooting pains at the lower part of her abdomen. On admission her abdomen was the size of that of a woman at the full term of pregnancy. A polycystic ovarian tumour was diagnosed.

On October 20th ovariectomy was performed ; no adhesions existed ; the pedicle was short but narrow ; it was secured by a clamp. No single bad symptom followed the operation. The clamp came off on the tenth day, and she was discharged cured on November, 13th, 1875.

CASE 5.—*Ovarian disease ; ovariectomy ; cure.*—Mrs. M——, aged twenty-six, was admitted in March, 1875, having being sent over to be under Mr. Bryant's care by Dr. Carey, of Guernsey. The disease had been coming for about one year ; the tumour was polycystic, and involved the left ovary. Ovariectomy was performed on March 17th. No adhesions complicated the case, and the pedicle was moderately long. It was secured by a clamp, and a steady convalescence ensued.

The clamp came away on the fifteenth day, and the patient was convalescent on the 21st.—(*The Lancet.*)

THE TREATMENT OF ENTERIC FEVER.

By JOHN RICHARD WARDELL, M.D., F.R.C.P.,

(Senior Physician to the Tunbridge Wells Infirmary.)

The conditions of biliary disarrangement, as I have already insisted upon, ought not to be combated by the fearless use of drastic cathartics. It should be held in mind that the morbid product in this distemper spontaneously seeks an outlet in the intestinal canal, precisely as eruptive fevers localise their effects on the skin ; and that to institute irritation in the glands of the ileum and colon is to hurry on to its development the ulcerative process in these structures. An aperient should be sought in some mild laxative, such as castor-oil, a few grains of rhubarb in peppermint-water, or in a small dose of Gregory's powder. Purgings is not only harmful in its immediate effects on the mucous membrane, but large plashy stools, and, still more, aqueous evacuations, reduce the general strength, which from the first should be most carefully and jealously husbanded. The mineral acids, and more especially the hydrochloric acid with the chlorate of potash, are to be commended as forming a generally required remedy. According to Murchison, when the blood becomes loaded with nitrogenous products which are more or less ammoniacal, acids are to be regarded as beneficial. When the surface is hot and dry, the solution of acetate of ammonia with nitre and camphor, constitute a good medicine. In the case of Dr. Levers' patient above referred to, and in whom there was acute mania, wine and cold to the head had a good effect ; and strict orders were enjoined that she should be watched and rather perseveringly persuaded to keep in bed, than forced to be employed. A patient with this symptom should never be tied down in, or powerfully restrained from getting out of bed. I have seen this absolute restraint followed by exhaustion, great harm, and death. In Mr. Marsack's case, there was very distressing tympany. Charcoal, galbanum, lime-water, and other remedies, failed to relieve the distension. It was at length resolved to introduce the long tube which gave instant relief ; and

the patient's comfort was each time immediately obtained. In some instances, there is difficulty in getting the tube to act; but Mr. Marsack dexterously introduced it for many consecutive days, and without any disappointment whatever in its effects. Sometimes this instrument does not answer, because an ordinary stomach-pump tube is used, in which the orifice is usually at the end instead of being at the side of the tube, when the hole is much more liable to be plugged up. When there is pulmonary congestion, with much meteorism, this mode of drawing off the gas, and thus allowing the diaphragm to resume its normal position, gives relief to the breathing; and, if there be considerable thinning of the lining membrane of the ileum, as there sometimes is, by the ulcerative destruction of the mucous and muscular coats, the probabilities of fatal perforation are greatly lessened. The practitioner should not fail to carefully decide between mere passive distension of the abdomen and the tympanites of positive peritonitis. Where there is lung-complication, large hot linseed-meal poultices covered with cotton-wool, and over both oiled silk, are a most valuable remedy. Where there is great heat of surface, tepid sponging gives comfort, and often induces sleep. Continued insomnia has sometimes to be more especially treated. The loss of sleep is exhaustive. Morphia, chloral-hydrate, and the bromide of ammonium, in such examples, should be employed. In hæmorrhage from the bowels, that grave complication may be treated with tannic and gallic acids, turpentine, lead and opium, and the tincture of ergot. Large doses of the perchloride or pernitrate of iron I have known of service.

With regard to the administration of stimulants, much discretion is needed, and all the objective symptoms ought to be fully and carefully considered. To stimulate without the proper indications would be to favor acceleration of the pulse and increase of temperature, and to render the patient restless and uncomfortable; and to not supply this aid when demanded would be to allow the asthenia to become more proclaimed, and those congestive complications which are so intimately connected with irregularity and powerlessness in the circulatory function to become more developed. The right and timely use of such means of treatment can hardly be over-estimated, as in many instances a critical period is thus tided over, and the lowered forces of vital action receive support, whereas the case would otherwise have a fatal ending. Some few years ago, there was in fevers a fashion to over-stimulate, as there is now, perhaps a tendency to overfeed. It may also here be observed, that there is with many a loose and an irregular way in ordering wine and brandy. They should be given with the care and accuracy of medicine. They are emphatically remedies. Half, three-fourths, or a winglassful of wine may be or-

dered, without any reference to the size of the glass; and thus a patient may get as much more than, or only half, the quantity desired. Stimulants ought always to be measured in a graduated measure. The nurse should at once write down the quantity and time at which every dose is administered. A similar record should be kept of the medicines, food, and drinks taken, the passing of the excretions, and any other events occurring during the intervals between the practitioner's visits. The doses of wine or brandy can thus be altered according to the requirements of the case. In most instances, for the first three or four, or even six days it may be, wine is not required.

At the outset of the complaint, the vascular system is roused to preternatural energy, when the radial pulse and the cardiac impulse are fuller and more beating. When, in the course of these abnormal efforts, the excitement begins to be subdued, then arrives the period for the consideration of stimulants. The decision should not be from the radial pulse alone, because in some instances there is not just correlation between the artery at the wrist and ventricular power. The radial pulse may be sometimes felt; and when it is regular, when the præcordial impulse is greatly lessened, and even when it is abolished, the flat hand should be placed over the præcordial region; the impulse noted; and the stethoscope should be applied to ascertain the true character of the heart's sounds. Stokes long ago pointed out the necessity of precise knowledge as to this particular. Diminished and enfeebled systolic contraction proclaims debility and the need of wine; and, if such obtain in the earlier days of the attack, the tendency to asthenia is markedly evident. The last named physician attributed this softening of the cardiac-arteries to the interstitial infiltration, as it occurs in typhus. This view, however, of such cause is not tenable. It is quite true that the muscular walls become softer, as I have repeatedly seen on inspection; but it must be remembered that in all febrile diseases there is a primary and general blood-lesion, and greater or less interstitial absorption of all the tissues, as well seen in the voluntary muscles. The process of assimilation becomes vitiated with the first development of morbid phenomena, and a rapid deoxidisation goes on in all organs and structures. It is a fact, however, of importance to reflect, as pertains to this particular question, that not unfrequently the heart sustains a loss of contractile power when there has not been time for those pathological changes in its elementary structure, such as are seen when softening is induced from more acknowledged and manifest causes. Again, putrescence after death in all fevers is often rapid. The enfeeblement of this organ, its diminished or even abolished impulse, the altered or absent first sound, and alteration in the blood-wave in the systemic arteries, are doubtless very

mainly to be accounted for by the impress which the fever-poison makes upon the cerebro-spinal axis, on the great splanchnic nerves, and on the cardiac plexus especially.

The reader need hardly be reminded here of the well nigh general acceptance of the views of Virchow, that fever has its immediate cause in alterations of the nervous system, and that there is primarily more or less of a paralysed condition of the sympathetic and the vagus. This perversion and arrestment of function in the system is somewhat analogous to that depressed state produced by opium and other narcotics. To then stimulate is to carry on life for a time artificially. I remember how Dr. Alison was in the habit of remarking that wine is doing good when the tongue becomes more moist and cleaner, when the pulse declines in frequency, when the breathing is rendered slower, and when the patient is less restless. If the tongue remain parched or dry, if the pulse be accelerated, the skin hotter, the respiration more hurried, and the patient evince augmented restlessness and discomfort, the wine or brandy should be diminished. When there is much tremor and subsultus, stimulants are needed, as they were in the instances of the young gentleman's case, No. 4 in whom as, I have observed, jactitation was pronounced in a remarkable degree. In young people, as the rule, far less wine is required, and in some of these it may not be required at all. In the old and intemperate, wine is indicated in greater quantity. Coldness of the extremities, cool, moist, and relaxed skin, and suddenly slow pulse, demand immediate and often large doses of wine and brandy. It has been my own plan to order a certain number of drachms of wine or brandy to be given every two hours, or, in advanced and perilous cases, every hour. They should always be administered in diluted form. Sometimes one or other may be taken in milk or beef-tea. This is better than giving them in larger quantities and at longer intervals. When the prostration is in grave and alarming degree, ammonia, ether, camphor, and musk are amongst the best diffusible stimulants. As respects diet, care should be taken not to oppress the stomach, and urge on the patient more than can be digested. The assimilative process becomes impaired relatively with the declension of strength and the advance of the disease towards the crisis. It should be held in mind that glandular secretions are given off in diminished quantity and in altered quality. The salivary, gastric, and pancreatic fluids become thus affected. From such considerations, too much farinaceous food should not be allowed. There is the most dependence to be placed on good beef-tea, and I have long been in the habit of recommending it to be thickened with corn-flour, tapioca, vermicelli, or arrowroot. Strong chicken-broth, veal-and-ham broth, and meat jellies, may from time to time be

substituted as a change, and more especially during convalescence. During the days of more urgent symptoms, strong beef-tea should mainly be depended upon. Good milk with a small quantity of lime-water is most valuable. Having known perforation to be caused by a too early return to a solid diet, I have for a long time requested during convalescence strict rules as to the food. For three or four weeks, it is safer for the patient to eat light and digestive articles of diet. Another evil is to be guarded against. Remedies, wine, and food should not be so constantly given as to interfere with sleep. Sleep itself is a restorative; and it is a great mistake to be constantly giving some thing to break in upon sleep and rest. When recovery has fully set in, the stimulants may with advantage be changed. The patient has then mostly become tired of port wine. Sherry, Burgundy, and Madeira may be substituted. It is well to be cautious as to malt liquors, as I have known their too early use to have a tendency to reinstitute irritation in the bowels. Fresh air and change of scene add not a little in the restoration to health.

There is not a little satisfaction in the reflection that the greater attention which is now being given, not only on the part of the profession, but on the part of the legislature, and on the part of the public generally, to all matters pertaining to sanitary improvements, and that consequently the death-waste from enteric fever will soon become manifestly diminished. The medical attendant will become more and more appealed to, and his opinion will have an increasing influence in all matters that have reference to the general health. It is very desirable that, in all instances of enteric fever, whether coming on endemically or when only occurring sporadically, the greatest attention should be directed by practitioners to the investigation of the cause. Examination into the surrounding conditions, and the ascertainment of circumstances as to whether it may or may not have been imported (as it is certainly contagious, though in limited degree) will in most instances solve the question; and more, with such vigilance at once bestowed, the spread of the affection can often be greatly curtailed. It would seem to be undeniable that, in all towns, where new drainage-works have been fully and efficiently carried out, there is one danger of which the very perfection of such public necessities has proved a cause. The gases, by having none of these outlets which they had when the old drains were bad and loosely-made, or when they were open drains, become constrained and concentrated in their new channels; hence there is greater pressure on the traps of the houses by their being forced up the private drains. I have known some apt illustrations of this fact. Great numbers of the occupants of houses would be glad to be accomplished; but unfortunately there has been, on the part of the public, little heed given

and much ignorance relative to these matters. The suggestions of the medical advisers would, if the facts of such cases were clearly pointed out, in the great majority of cases be complied with. A few of the rules for observance would be to insist on the importance of the waste-pipe of cisterns, being carried, not into the drains, but into the open air; that the soil-pipes of the closets should be tapped; that the main drain, after it leaves the house, should be ventilated by a four-inch pipe being carried above the roof, and as remote as possible from any upper windows, and that the efficiency of the traps should be from time to time ascertained.

I believe there has been more confidence in syphon-pipes than has been warrantable. I am satisfied, from some investigation relative to this particular point, that gases not unfrequently pass through the water of such syphons and give rise to disaster. During certain winds when the external air rushes up the drain, the noxious gases are often driven through the syphon; for it must be remembered that, through the lighter specific gravity of such gases, their pressure is made on a thin stratum at the uppermost part of the water in the bend of the syphon, and then the polluted air bubbles through. This I have ascertained to be the fact. The only safety lies in a ventilating shaft. Cess-pools ought always to be tapped. An architect not long ago told me that there is frequently a great omission in the examination of a house, by the overlooking of the large leaden pipe which immediately leaves the pan of the closet. These pipes, this gentleman said, are apt to become corroded and perforated, whereby a main-drain may ventilate into a house. Another fertile cause of fever throughout the country is to be found in shallow wells frequently made in proximity with tenements and cottages. They often receive surface-water, and become contaminated by percolation from adjacent drains. In all towns where there is a public water-supply there should be a compulsory service. Good drainage and pure water have told most favorably on Tunbridge Wells. Within the last few years, the huge sum of more than 200,000 has been expended in effecting these two invaluable requisites. Enteric fever has here become comparatively rare; and, when isolated cases have occurred, they could in nearly all instances be traced to some fault in house arrangement or the negligence of individuals. And it may be said that there is now no town in the kingdom better drained, nor one which has a better supply of pure water.—*Brit. Med. Journal.*

DIPHTHERIA.

At the New York Academy of Medicine, on the evening of March 16th, Dr. C. E. Billington

read a paper on this disease and its treatment, which was especially valuable as it was based entirely upon clinical and personal experience; his observations having been made with great care and extending over a large number of cases. The records of the Bureau of Vital Statistics showed, said he, that in 1873 there were over 400 deaths from diphtheria in this city, in 1874 over 1000, and in 1875 no less than 2329. This terrible epidemic he thought could not be checked by any therapeutic methods, but could only be stamped out by the most revolutionary and active sanitary reform. Dr. Billington has enjoyed unusual facilities for the study of the disease, as he is one of the district physicians of the Demilt Dispensary, and has seen altogether about three hundred cases; of which he has careful records of about one-half.

As a result of his observation and study, he has become fully convinced that diphtheria is a local disease, at least primarily; and, though this is the opinion of a minority of the authorities on the subject, he is glad to have his views corroborated by such observers as Drs. Jacobi and J. Lewis Smith. This conclusion is based upon the following points:

First. The local affection commences first.

Second. The gravity of the general symptoms is in proportion to the severity of the local manifestations.

Third. The results of treatment seem to substantiate this view.

In the study of the nature of the disease, he said, three elements were to be considered:

(1) The *contagium*, which he did not propose to discuss on this occasion.

(2) The inflammation, denuding the fauces of epithelium, and resulting in membranous exudation; and

(3) The effects reflected from the inflammation upon the system in general, are, to a greater or less extent, septicæmic in character.

Dr. Billington's treatment consists mainly in local disinfection, together with the most careful and unremitting watching and attention. The agents which he regards as most useful are the following, in the order in which they stand in his estimation: tincture of the chloride of iron, lime water, and glycerine; and after them, salicylic and carbolic acids, sulphite of sodium, chlorate of potassium, etc. One formula which he uses in almost every case is as follows:

R.—Tinct. ferri chlor., f ʒiss.

Glycerinæ.

Aquæ, aa f ʒj.—M.

S.—Teaspoonful every hour or half-hour.

Besides being very effective, it has the merit of being pleasant to the taste, which is a great desideratum for children, especially when the dose has to be so frequently repeated. If the child is under

two years, one drachm of the tincture of the chloride of iron is enough, and if vomiting follows the administration of the medicine, it should not be given so often.

In connection with the above, Dr. Billington formerly employed the following :

R—Potass. chlor., ꝑss.
Glycerinæ, f ʒss.
Liq. calcis, f ʒiiss.—M.

A teaspoonful of this was alternated with a dose of the former ; so that the patient would receive one or the other every half-hour. As a substitute for the chlorate of potassium mixture, he now generally uses the following :

R—Acid, salicylic., gr. x—xv.
Sodii sulphit., gr. xxx—xlv.
Glycerinæ, f ʒss.
Aque, f ʒiiss.—M.

Here the salicylic acid is rendered soluble by the addition of three times its weight of sulphite of sodium (borax also has the same effect), so that in this prescription we have the advantages of both these reputed antiseptics, which are indicated theoretically, and really seem to be of considerable practical benefit. It is of great importance that in every case in which it is practicable some sort of spray should be used upon the throat ; and the most convenient instrument with which to accomplish this is the ordinary little perfumery spray-apparatus now in such general use. In order to annoy the child as little as possible, it is best to employ the spray immediately after a dose of the medicine is administered. The combination generally used by Dr. Billington is the following :

R—Acid, carbolic., m.x.
Liq. calcis, f ʒiv.—M.

He believes that the nasal douche or syringe has saved many lives ; and even when the nasal passages, apparently, do not seem affected, it is often useful in reaching portions of the mucous membrane inaccessible to the spray. If, therefore, the breath should remain fetid after the employment of the latter, it ought to be resorted to ; and the mixture mentioned above, containing the salicylic acid, is as good as any other for the purpose.

In adults or large children it may occasionally be of service to apply carefully strong tincture of iron (say two parts of the tincture to one of glycerin) to circumscribed patches of membrane ; but, as a rule, topical applications of caustics or astringents by the probang or camel's-hair brush do much more harm than good, as they cause exhaustion of the little patients from their struggles to resist, excite an increased flow of blood to the part, and really occasion further thickening and spread of the membrane.

Dr. Billington expressed the opinion (which is

hardly substantiated by other observers) that quinine is worse than useless in diphtheria in children ; being objectionable, if for no other reason, on account of its bitter taste, which makes every dose dreaded by the patient.

In cases attended with high secondary fever, a full dose of quinine, worked better in his hands. He cannot subscribe to the prevalent opinion that diphtheria will never bear antiphlogistic treatment.

Dr. Billington then proceeded to give an interesting summary of the cases which he had personally observed, prefacing his statement with an allusion to the well-recognized disadvantages to be encountered in dispensary practice. According to his observations, about sixty-five per cent. of all cases of diphtheria occur in persons under five years of age, and it is quite a rare affection among adults (except in the peculiar experience of certain irregular practitioners), even when individuals are constantly and to the fullest extent exposed to the disease. He has also found that about sixty per cent. of all the cases will recover without any treatment at all, and that about five per cent. will prove fatal whatever plan may be adopted. Out of one hundred and two carefully tabulated dispensary cases treated by him, fourteen died, and eighty-eight recovered ; while of seventeen cases in private practice, one died, and sixteen recovered.

The usual duration of the attack, from the commencement of the treatment to the disappearance of the diphtheritic membranes, was only from four to six days. Twenty-four cases in private practice, treated on the same principles by Dr. Wm. Darken, house physician to the Demilt Dispensary show even a better result ; as not a single death occurred directly from the disease, though one of the children died several weeks after the acute attack, from some unexplained cause.

A still later series of fourteen cases treated by Dr. Billington in conjunction with Dr. W. E. Bullard (in order that the patients might receive the fullest possible amount of attention) all recovered, so that we have fifty-five cases altogether, with only one death directly attributed to the disease. In a large number of these the attack was of very great severity.

From his observations, Dr. Billington has been induced to believe that a laryngeal complication can often be prevented or aborted by the use of the spray, and that even after the membranes have been fully formed in this locality it is of very great service. Calomel has also proved useful in many cases. The inhalation of hot vapor, he thinks, renders the system more favorable to the absorption of septic materials, and therefore injurious.

He did not express a positive opinion as to the identity of croup and diphtheria, but apparently seemed to hold to the former view.

COMPRESSION OF THE AORTA IN POST-PARTUM HEMORRHAGE.

Compression of the aorta in post partum hemorrhage, although a remedy well known, is not practiced as its merits deserve. In the year 1828 Baudelocque proposed this measure, recommending compression through the abdominal walls, which he says has not only the effect of stopping the hemorrhage, but also brings about contraction of the uterus. The objections to this operation, viz., that it produces congestion of the heart and lungs—that the same pressure which is exercised on the aorta compromises the vena cava inferior—have, according to Baudelocque, no foundation. In Germany Ulsamer advanced this method as early as 1825. Siebold, who at first brought many arguments against it, later acknowledged its great usefulness. He insists on compression until the uterus is firmly contracted, the pulse full, and the circulation again regularly established. Eichelberg suggested that compression of the aorta might be made with the hand in the uterine cavity. Ploucquet tried this plan, but it was soon abandoned, from the fact that the hand in the uterus prevented the proper contraction of that organ. Dubois in 1838 expressed his doubts as to the value of the measure. Seutin, but more particularly Chailly-Honore and Cazeaux have so strongly combated the opinion of Dubois, that compression is again coming into considerable notice.

Dr. Leon Gros (Bull de Ther. lxxxviii) has detailed six cases where through compression of the aorta he saved the lives of six of his patients suffering from hemorrhage after delivery. His fifth case confirms the belief of Cazeaux that compression not only shows its great usefulness by stopping the blood flow until efficient contraction of the uterus takes place, but it has a valuable remote effect. The deaths which occur some hours after the hemorrhage has entirely ceased are brought about by anæmia of the brain and spinal cord. By persistent compression of the aorta, care being taken not to include the vena cava inferior, this dangerous anæmia of the nervous centres is prevented, especially if auxiliary measures be used, such as lowering of the head and the prevention of exhaustion by suitable stimulation.—*Schmidt's Fahrbrucher*, February, 1876.—*Med. News, Cin.*

TREATMENT OF TETANUS BY NERVE-STRETCHING.

In a paper read before the Abernethian Society*, Mr. Milner has advocated the treatment of tetanus by nerve-stretching, and in some observations on

this operation upon nerve-trunks, I have expressed my regret, in narrating a case of tetanus, that the peroneal nerve was not exposed and stretched. Since this was written no case of traumatic tetanus has come under my care, but had the opportunity been given me I should certainly have planned an operation such as I have indicated, supposing, of course, that the nature of the case permitted me to stretch a nerve-trunk between the site of injury and the nerve-centres. I am glad to hear that quite recently M. Verneuil has had under his care in La Pitie a case which he will I hope, shortly publish. M. Verneuil exposed the median nerve at the elbow, and the ulnar at the wrist, and proceeded to exercise traction on them. The patient recovered completely.

I hope that this note may lead to a further trial of this method of treatment. The operation is not a severe one. The nerve is exposed and is stretched, when freed from its surroundings, by traction with an ordinary vulsellum, from its central connexions. No harm is likely to be sustained as a consequence. There is now abundant evidence, in the cases reported by Billroth, Nussbaum, and myself, of the tolerance with which nerves submit to forcible stretching, so far as the after-performance of their functions is concerned. In view of the unsatisfactory results of the treatment of traumatic tetanus as at present conducted, there is full justification for the performance of the operation as, soon as the signs of the disease are distinctly recognised.—(*Dr. Callender in The Lancet.*)

NATURE OF PUERPERAL FEVER.

I read with great interest the report of the debate on Puerperal Fever at the London Obstetrical Society. Amidst a good deal of somewhat vague theorising as to the essential nature of the fever, and its relation to other zymotic diseases, one practical point seemed to stand out rather prominently; viz., that a (if not the principal) mode of the spread of that terrible disease, is its conveyance by the medical attendant from one patient to another. That this impression was produced upon others as well as myself, is proved by the fact that two letters at least have since appeared in the *Journal* attempting to fix a period of quarantine for all doctors who have a patient so attacked, in which attempt they have been seconded by a coroner's jury, whatever its opinion may be worth. Such a question, therefore, cannot be confined to the debates of the Obstetrical Society, but must percolate through society generally, creating great alarm and seriously injuring medical men. If this opinion be true, of course those consequences cannot be avoided; but before coming to such a conclusion, it appears to me that we should

* St. Bartholomew's Hospital Reports, vol. xi., 1875, p. 287.

possess more extensive and more precise information than we have at present, and, if an old practitioner be of no other use, he may at least be allowed to plead for delay and further consideration.

Let us see upon what ground we stand.

1. We know that a person going direct from a *post mortem* examination to a lying-in case may excite puerperal fever in that patient. But how often does the opportunity for such mischief occur? I should suppose that most obstetricians do as I used to do; ask a friend to make the *post mortem* examination for me; but, if in the country parts this be impracticable, surely it must be very rarely that the *post mortem* examination and the delivery succeed each other immediately.

2. We know that medical men attending cases of erysipelas have excited puerperal fever from attending lying-in women at the same time, especially if, as has happened, due precautions had not been taken.

3. We know that nurses going from attending on puerperal fever, to lying-in women have conveyed the disease. But it must be remembered that a nurse attending on a case of puerperal fever comes in very close contact with the patient, and her hands have to do with the discharges and with whatever may be unhealthy about the genitals, and this at least once every day; so that it would require extraordinary care to avoid conveying morbid matter to the vaginal mucous membrane of the parturient women.

4. We also know that, in some cases, the disease has followed in the track of some particular doctor, and that, in spite of minute and thorough precautions, as in the case of Dr. Gooch's friend and the American physician mentioned by Holmes and Dewees.

How to explain such cases, I confess I do not know. But very few such are on record, nor do I think they can be used to prove the necessity of quarantine; they rather show its failure.

5. All men in large obstetric practice meet occasionally with cases of puerperal fever. Dr. Dewees met with a number of such; but, in a passage too long for quotation, he has given the dates of their occurrence, showing conclusively that he could not have transported the complaint; and he mentions that he met in consultation the physician who was haunted by the disease, with perfect immunity as regards his own patients.

6. In the course of forty years of practice, I have had puerperal fever among my patients; but the most rigid inquiry has failed to shew me any connection between any two patients. The precautions I adopted were these. I never attended a confinement in the clothes I had worn on my visits. I always saw recently confined patients before seeing the fever case, and, on returning home, I always changed my clothes. I was scrupulously

careful about the frequent and thorough washing of my hands before leaving the patient's house. So far as I was concerned, these precautions were successful; for I certainly never carried the disease from one patient to another. If they had failed, it would have been difficult to say how the disease had been conveyed. If the dress and hands were out of the question, it must have been by some absorption of the "contagium."

7. If the ordinary attendant is to be put in quarantine, what about the consultant? Is he not as likely to carry infection? Yet we never hear of his doing so, and no one refuses to see these cases and yet attend his own lying-in patients.

Taking into consideration all these points, and before we assume the portability of the disease, I hope that some effort will be made to collect examples to show how often, notwithstanding due precautions, the sequence of the disease proves it to have been conveyed from one patient to another by a third person. If well authenticated cases of this kind be numerous, then puerperal fever is more infectious than typhus, scarlatina, or even plague, and the doctors must go into quarantine.—If not, neither the profession nor the public need be alarmed, and, with proper precautions, the doctors may pursue their avocations in peace and security.—*Dr. F. Churchill in the Brit. Med. Journal.*

NEW MODE OF OBTAINING LOCAL ANÆSTHESIA. M. Latamendi has found that when Richardson's apparatus is used, rubefaction and a sensation of cold is produced. If at this moment, a slight incision of about half an inch is made with a curved bistoury, not deeper than the epidermis and the upper layer of the cutis, from the incised spot an anæmic zone is formed, which goes on spreading. If the ether spray is continued, the region becomes bloodless, and complete anæsthesia has been obtained. The knife cuts the part like butter, the spot resembling coagulated fat. Around this an annular patch is observed, which is not so completely anæmic as the centre. The spray directed upon this renders it completely anæsthetic. Thus the anæmia can be extended in every direction, around and up the arm. If the spray be suspended, the effects disappear quickly; but, the spray being resumed, in a few seconds the ischæmia returns.—*The Lancet.*

REMEDY FOR CHRONIC HOARSENESS.—(American Practitioner.) In chronic hoarseness arising from thickening of the vocal cords and adjacent membrane the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times daily.—*Louisville Med. News.*

REMOVAL OF LOWER ENDS OF RADIUS AND ULNA.—An extremely rare, if not altogether a new operation was performed at the Middlesex Hospital on Wednesday, March 8th, by Mr. Morris.

A woman about thirty-three years of age had for fourteen months been suffering from a myeloid tumor of quite the lower end of the radius, which gradually expanded the bone until only a thin shell of it remained. It extended upwards along the forearm for about 4 inches, and was slightly connected with the periosteum of the ulna. As the patient refused to undergo any operation by which her hand would be removed, and as all the soft structures appeared to pass over the tumor, Mr. Morris determined to remove the lower two-thirds of the radius, and two or three inches of the lower end of the ulna. This was done successfully without dividing any trunk nerve or artery, except the anterior interosseous, at its lower end: and the only tendons cut were those of the supinator longus and the pronator radii teres at their points of insertion into the radius. The guide to reaching the radius, and thus to lifting aside the soft structures from the tumour, was the radial nerve. This was found as it passes on to the back of the forearm between the supinator longus and the long radial extensor of the wrist, and then those muscles were separated up as high as the lower border of the supinator brevis; the nerve being kept with the extensor muscles, on the back of the forearm, and the long supinator being raised with the muscles on the flexor aspect.

A portion of the lower end of the ulna was removed for a further reason than because of its connection with the tumour, as it is expected that there will be less deflection of the hand to the radial side than must necessarily have been the case had the ulna been left untouched. The patient has done uninterruptedly well, so far, since the operation.

The application of a ligature to the anterior interosseous artery could be effected without much difficulty, Mr. Morris thinks, by employing the same incision and guide as were used in this case. *Lancet*, March 18, 1886.

The Philadelphia *Medical Times* says:—The success of the Harvard Medical School is assured; the income from students during the fiscal year of 1875-6 having been \$36,661. 58. The open way in which affairs are there conducted is notably different from the plan usually employed, and seems to us to be the mark of being in the right. We would call especial attention to the circumstance that the proportionate number of students from without New England and the British Provinces rapidly increasing, and, in fact, has doubled within the last six years. It would be well if some of our colleges would read the handwriting on the wall.

TO PRESERVE AND STAIN, FOR MICROSCOPICAL USE, SOME ELEMENTS OF THE URINE AND OTHER FLUIDS.—After urine containing organic elements has stood undisturbed in a vial sufficiently long for a deposit to accumulate, with a pipette draw off all supernatant fluid. To the sedimentary layer add half its volume of a quarter of one per cent. of alcoholic solution of magenta or Nicholson's blue. Shake once or twice, cork tightly, and label.

If the specimen be not absolutely fresh, add to the above one-third of its bulk of alcohol.

Many fluids, such as the contents of ovarian and other cysts, or fluids associated with cancerous disease, may be preserved in the same way.

In concentrated urine the constituents of deposits are relatively numerous; and as all organic granules, epithelium, and recent cases, are distinctly stained, they are very conspicuous and easily found. Old hyaline casts take color indifferently and slowly, and appear of a very pale hue. In Bright's disease new attacks yield easily stainable casts, which, even if not mixed with blood and other signs of acuteness, will, by the aniline, be readily distinguishable from casts the result of an ancient condition.

With a dip tube place a drop of the sediment, or fluid if there be no sediment, upon a slide, adjust the cover, and while the particles are vividly coloured the field appears to be white.

Urine and other fluids so prepared may be set aside for future use, studied at leisure or sent unchanged to a distance.—*Dr. Johnston, Med. News and Library.*

GELSEMINUM IN NEURALGIA.—Dr. Spencer Thomson, [*London Lancet*,] bears testimony to the marked benefit of gelseminum in relieving neuralgic pains. He considers it most applicable to those cases in which the pain is limited to those branches of the trifacial nerve, supplying the upper and lower jaws, more especially the latter, and more particularly when in either jaw the pain is most directly referred to the teeth or alveoli. He administers it in larger doses than is usually given, giving twenty minims of the tincture for the first dose and repeating any time after an hour and a half, if relief is not given. He has rarely been obliged to administer the third dose.—*Peninsular Four. Medicine.—Med. Student.*

SEATS FOR SALESWOMEN.—The ladies of Manchester (England) are urging upon shopkeepers the propriety of providing seats for their saleswomen when not engaged in serving customers. For reasons which are obvious to medical men, the appeal should be heard, not only in Manchester, but in every other place where saleswomen are employed. Why not start such a petition here?—*Med. Record.*

PARACENTESIS PERICARDII.—The following abstract is from a case presented to the Connecticut State Medical Society at its last session, by Dr. Irving W. Lyon, of Hartford, Conn.

A robust laborer, aged thirty-one years, was seized with pneumonia April 12th, 1874. The disease, which was confined to the right lower lobe, progressed favorably, so that resolution had commenced April 20th. On the 21st, the patient was seized with acute pain in the precordial region, auscultation of which gave the double friction sound of acute pericarditis. On May 5th, the patient was apparently dying; the area of cardiac dulness was greatly increased; the precordial region had notably bulged; head, face, and neck, very livid and swollen, and the entire body œdematous; pulse feeble and irregular, respiration labored. The vertical diameter of the liver on the mammary line was seven and one-half inches; resolution in the right lower lobe complete; every part of the left thorax yielded exaggerated resonance upon percussion, except that occupied by the distended pericardium.

The operation was performed by introducing a small trocar and canula through the fifth intercostal space, exactly three inches from the medium line, and one inch to the right of the left nipple; the point was directed upwards and backwards, with an inclination towards the median line. The instrument entered just two inches, and upon withdrawing the trocar, pus flowed freely until thirty-two ounces were collected. The relief was immediate and marked, so that the patient was removed, in the space of a few moments, from a state of impending death to one of comparative safety and comfort. Six hours after the operation the pulse was 104 and regular, cyanosis nearly absent, and the liver dulness had diminished from seven and one-half to five and one-half inches. Twenty-two hours after the operation the pulse was 96, respiration 20, temperature $98\frac{3}{4}^{\circ}$, and the liver measured but four and one-half inches on the mammary line.

May 7th, two days after the operation, the former symptoms began to re-appear, and the patient gradually lost ground till May 12th, when it was determined to repeat the tapping. This was done in the same manner as before, but only one ounce and a-half of pus flowed away, though all present felt confident that the pericardium contained more. The patient died May 14th, having lived, after the first operation, nine days. No autopsy could be obtained. The trocar and canula were used because the contact of the heart with the aspirator needle, as the fluid subsided, was dreaded.—*Med. Record.*

HIGH TEMPERATURE.—Another case of very high temperature has been recorded. This last occurred in Mount Sinai Hospital, and is reported

in the new number (Feb.) of the *N. Y. Med. Jour.* A patient had been under treatment in this hospital for the past seven weeks, and had exhibited an elevation of temperature which is seldom noticed. The history is as follows:—A German woman, aged twenty, was attacked seven months ago with convulsions. She was under treatment by an irregular practitioner before entering the hospital. The treatment consisted in freely bleeding the patient from the arm at short intervals. When she came under observation at the hospital it was supposed that the convulsions were of an hysterical character, and for this purpose the strong induced current was applied. Some time afterwards she noticed an hyperæsthesia of the hand, which extended upward, and by degrees involved the arm, shoulder, and side. The temperature was then taken in the rectum, and found to be 100° Fahr. This high temperature lasted only for a very few hours, and then subsided to 99° and 100° . At first it was supposed that the apparent high temperature was due to some imperfection of the thermometer, but with different instruments the same result was obtained. It has been found that the marked increase of temperature occurs with an attack of pain. The diagnosis that has been made is of meningitis affecting the basilar portion of the brain, or upper part of the medulla oblongata.—*The Doctor.*

CHARGES TO CLERGYMEN.—A correspondent from Boston writes: "An item in *The Medical Record* of March 4th, concerning charges to clergymen, reminds me of personal experience.

I once attended a child of a clergyman for some weeks. The child was anæmic, and after considerable attention was brought up to the health line. I was asked what my bill was. I replied, "Nothing."

Some weeks afterward I was surprised to find that the family had engaged another physician, who never failed to charge and get his money. I expressed my surprise to an intimate friend of mine, who replied: "If you will not mention it, I will state that the clergyman's wife, in a conversation with my wife, said: 'We employed Dr. — to attend Mary, but he didn't charge anything; so we concluded that he could not be good for much, and now that Henry is so very sick we concluded to employ Dr. —'"

FOREIGN BODY IN THE NOSTRIL.—The following remarks of Prof. Gross in his clinic, we take from the *Reporter*:

"This little two-year old girl has some trouble with her nose. Her mother reports that while she was playing with the foot broken from a small china doll, she pushed it into her nostril. Wishing to remove a bead, bean, grain of corn, or any one of the similar objects that children are apt to place in this situation, the extracting instrument should

be passed, not along the floor of the nostril, but obliquely upward on a line parallel with the front of the nose, until it gets beyond the object; then the hand is raised, depressing the hook, and the substance may be easily extruded. This is where a mistake is commonly made by practitioners, who introduce the instrument horizontally, and in endeavouring to pass beyond it, push against the object until it gets out of reach. An ordinary pocket probe can be bent at the end and made to fulfil the purpose, but I am accustomed to use in these cases an instrument made for me by Mr. Gemrig, which is depicted in my book, and which accomplishes the end perfectly.

"In the removal of a foreign substance from this situation in a young child, the surgeon should wedge its limbs between his knees and get an assistant to hold the body, so as to obtain perfect control of his little patient. Proceeding as indicated, the mother is found to be correct, and probably for the first time on record we have been called upon to take a baby's foot out of its nose."

TREATMENT OF STAMMERING.—One of our dailies contains a letter, which appears trustworthy, written by a gentleman who stammered from childhood almost up to manhood, and who gives a very simple remedy for the misfortune:—"Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself keeping your teeth together. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours aloud, with my teeth together. The first result was to make my tongue and jaws ache, that is, while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals, until cured.—*Med. & Surg. Reporter.*

POST-PARTUM HEMORRHAGES.—A very simple and efficient method of arousing an inert uterus, to contraction is to dip the end of a towel in cold water and smartly slap the hypogastrium. Prof. Isaac E. Taylor, with whom the plan of treatment originated, says that he never saw it fail when properly carried out.—*Med. Record.*

LINES ON A SKELETON.

TO THE STUDENT OF ANATOMY.

Behold this ruin! 'Twas a skull,
Once of ethereal spirit full;
This narrow cell was life's retreat
This space was thought's mysterious seat;
What beauteous visions filled this spot!
What dreams of pleasures, long forgot!
Nor hope, nor joy, nor love, nor fear,
Have left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye;
But start not at the dismal void,
If social love that eye employed,—
If with no lawless fire it gleamed,
But through the dew of kindness beamed,—
That eye shall be forever bright,
Where sun and stars are sunk in night.

Within this hollow cavern hung
The ready, swift and tuneful tongue:
If falsehood's honey it disdained,
And when it could not praise, was chained;
If bold in virtue's cause it spoke,
Yet gentle concord never broke,—
This silent tongue shall plead for thee,
When time unveils eternity.

Say, did those fingers delve the mine?
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can little now avail to them;
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on wealth or fame.

Avails it whether, bare or shod,
These feet the path of duty trod?
If from the halls of ease they fled,
To seek affliction's humble shed;
If grandeur's guilty tribe they spurned,
And home to virtue's cot returned,—
These feet with angels' wings shall vie,
And tread the palace of the sky.

"From a Skeleton in the Museum of the
Royal College of Surgeons, London," Eng.

At St. Mary's Hospital there has just occurred a case of recovery from rabies. The boy now is apparently well, and is walking about, but the details are not published yet. The plan of treatment adopted was that of injections of chloral hydrate.

THE CANADA LANCET.

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

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIÈRE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JUNE 1, 1876.

CAUSATION OF TUBERCLE.

New ideas concerning the origin of this disease have come to be generally accepted. The hereditary transmission is the general; independent origination, the exceptional cause in phthisis. No one will attempt to deny that climate and situation have an intimate relation to its frequency also, and feeble cachectic constitutions predispose to it, but there has come to be accepted at last a new and fruitful source of origination, that is, its contagiousness and the frequency of its transmission from wet nurses to children of otherwise healthy parentage; and it is now asserted by Krebs that "tubercle is present in the milk of cows, even when slightly affected with the disease; and he claims to have produced tubercle in animals by giving them milk taken from such as were diseased." The accidental production of the disease in a dog, by feeding it with the milk of a tuberculous cow led to the further investigation of the subject. Such facts as these, point to a fruitful source of the origin of this disease from the use of unwholesome milk, as it is certain many cows, have been found to be tuberculous. It has also been demonstrated, that the cohabitation of healthy animals with those having tuberculated lungs, to the extent of being housed and fed together, will induce in a short time in the healthy animals symptoms of tuberclosis.

So much for animals, but to turn to the consideration of its contagiousness among human beings. We have known nurses contract it from patients, husbands from wives, and in one case a mother contract it from a son who had induced it by dissipation and fast living. A daughter contracted it from the mother upon whom she was in constant

attendance, next she became the victim of its ravages, and another sister coming to the rescue also contracted it and died of it, no one of the family was allowed to wait upon her, on account of belief in its contagiousness, and no other members exhibited signs of tuberculosis. The nurse who attended became also affected. We have known a lady married to a consumptive husband, grow feeble and delicate and become prematurely grey, but who sometime after the death of this husband married a strong vigorous man. For some time her health was feeble; her first child was feeble and short lived, dying of tuberculosis; her second stronger and longer lived; her third a hearty child and continues to live while her own vigor and health has been fully restored, and now she is the mother of an interesting little family.

A case occurred some years since, in which a devoted daughter was the companion and nurse of an aged mother in whom tuberculosis had manifested itself. She slept in the same bed, always lying upon the right side of the mother, with her left side towards her. For one year and a half she continued to do this, during which time she grew thin, pale, and wan, but did not manifest any lung trouble. A curious phenomenon, however occurred in her case by the hair and eye-brows of the left-side becoming grey, the side weaker than the opposite, and ultimately about three years after, symptoms of tuberculosis of the left lung manifested themselves which resulted in complete destruction of the lung and death in a few months. No other members of this family were ever known to be consumptive. How this contamination is effected seems perfectly plain, namely, by the absorption into the blood of the emanations from the skin and lungs of the diseased person.

From these observations we deduce the following, viz., 1st. that healthy persons, whether nurses or relatives, should never occupy or sleep in the same apartment with a person diseased. 2nd. That consumptive mothers should never nurse their own infants. 3rd. That great care should be exercised in using milk only from perfectly healthy animals, and hence in cities, those who can afford it should keep a cow of their own, or in lieu of this should purchase milk only from farmers having animals to whom good wholesome food is given, and who have access to plenty of good pure

water, as nothing will more certainly deteriorate, the milk, than the use of dirty or impure water, or other drinks by milch cows.

It is much to be feared that too great a proportion of the diseases the human family is heir to, is entirely due to eating unwholesome meat. Gentle families are not provided in cities with food in the shape of butcher's meat in the selection and killing of which the amount of care necessary has been used, or as is done when slaughtering for the Jewish people. No unhealthy animals should ever be slaughtered, or if so they should be discarded afterwards. In this way we may prevent people eating tubercles direct as exists in the liver or kidneys, all of which are eaten by some families. May not many of the consumptive cases, otherwise inexplicable, be accounted for in this way?

REPORTS OF HEALTH OFFICERS.

We have been favored with reports from Dr. A. W. Fisher, Health Officer for the City of Toledo, Ohio, for the year ending, December, 31st, 1875, and from Dr. C. J. Covernton, (Trinity Col. Toronto,) Medical Officer of Health for the Beguildy and Llanbister districts of Radnorshire, Wales. The Sanitary enactments in the United States, and England and Wales, enable the medical men appointed to carry out, to the fullest extent, sanitary precautions.

When will the legislators of the Dominion of Canada be wakened up to the fact that the mortality arising from epidemic diseases is greater than from all other sources combined? The thanks of the country are due to Dr. Brouse for having at last wrung from the ministry the appointment of a committee of enquiry. Dr. B. has been met by the objection that the initiation must proceed from the local legislatures; if so, why have not the dozen members of our profession in the Ontario legislature, dealt energetically with this most important of all wants? Liebermeister in his work on infectious diseases, remarks on this subject, "All the mighty casualties of nature, such as earthquakes volcanic eruptions, mountain avalanches, hurricanes, inundations by sea, have never in the history of the world, even approximatively destroyed as many human lives as a single ordinarily extensive epidemic. Even in war, it is well known that

the devastation which has been produced by the scientific instruments of death, is usually not so great in extent as that which has been produced by the infectious diseases, that have broken out in the armies. Of all the great conflicts of modern times, the Franco-Prussian war of 1870 and 1871 is the first example of an exception to this rule, due in a great measure to the advances which the science of public hygiene has made during our time."

Thirty years ago the locality of Toledo was considered one of the most unhealthy in the United States,—the jumping off place of creation, as we have heard it termed; now as a result of the labors of the officers of the Board of Health, it occupies the proud position of having the lowest percentage of mortality of any city of the Union. The annual rates per 1,000 inhabitants estimating the population at 50,000 is 14-18 or one death in 81 4-10ths of the population, including premature and still-births. Contrast this with New York for 5 weeks ending Jan. 29th, 26-85 per 1,000; Philadelphia, 5 weeks ending Jan. 29, 22-89; London, England, four weeks ending Jan. 22nd, 1876, 25.25 per 1,000; Edinburgh, 25-50, Glasgow, 28.75, Dublin, 32-50, Paris, 30, Rome, 36, Vienna, 29, Brussels, 26, Calcutta, 42, Madras, 36, Alexandria, 41, Copenhagen, 72. We learn from Dr. Fisher's report that by an act of Assembly, a tax of one mill, on the dollar was authorized for Sanitary purposes. For the years 1866 to 1870 inclusive, the amount collected was forty-four thousand four hundred and eight dollars. The expenditure was twenty-eight thousand two hundred and thirty-three; balance and subsequent levies have been absorbed for sanitary and street-cleaning purposes. The city has expended a very large amount of money in perfecting a system of sewerage, which consists of about thirty miles already laid having their outlets in the Maumee river. Dr. Fisher very properly regrets that at the inception and planning of this sewerage system, the probable contamination of the waters of the river was not properly considered. The Board have this question now under consideration, the remedy proposed being a main sewer crossing the outlets of all the sewers and carried into a low-lying ground into the Lake. Dr. Covernton's report dwells principally on the questions of water-supply drainage, &c. The total death-rate for the year

was $16\frac{1}{2}$ per 1,000. Eighteen deaths occurred in persons who had reached 70 and upwards, the united ages giving the high average of 79 years for each life.

RESULTS OF INATTENTION TO HYGIENIC RULES.

In the April and May numbers we pointed out the influence on health exercised by habits and customs in literary men, men of business and men of idle and dissipated habits; we propose in the present a brief review of such influences in manufacturers and artisans, laborers, returned residents of hot climates and the female sex. Manufacturers and artisans in large cities where large numbers of operatives are too frequently crowded in insufficiently ventilated workshops, quickly betray by their pale countenance the insalubrity of their surroundings. Many species of manufactures are unhealthy from noxious metallic fumes, to which the workmen are exposed. The exhausting heat of furnaces, smelting houses, laboratories, &c. &c., in different kinds of employments have their diseases; the most noxious are those which fix on the nervous system. Trades also where the articles wrought, give out considerable quantities of irrespirable gases, from the decomposition of animal and vegetable matter, are insalubrious. Persons who are exposed to the heat of furnaces in their labour, and undergo sudden changes of temperature cannot fail of soon being exhausted in constitution. The profuse perspiration induced by hard work, as well as by great heats give too many a propensity to drink. Were they always to quench their thirst with water only, the excessive labor might be borne for a length of time, but malt liquor or spirits are the too frequent drinks of men employed near fires. Pitmen in coal mines are not peculiarly liable to diseases when temperate in drinking. Laborers grow strong and broad shouldered, provided their labour is chiefly out of doors. In this class we observe many addicted to drunkenness. It is questionable whether their work is ever so severe as to injure health, if they are regular livers. It may be considered as a fact substantiated by the daily experience of physicians, that all the diseases which are caused by hard labour, poverty and want, are much easier of cure, than those which arise from indolence, luxury and de-

bauch. A constitution that has been weakened by the subtraction of nourishment, may soon have its energies restored by suitable regimen, diet and medicine; but the frame that has been robbed of its vital powers, by excessive stimuli and debilitating pleasures, has seldom or never been brought to its former strength. The diseases of tropical climates, but particularly the fevers of some countries weaken the nervous system, produce great mobility and a disposition to spasmodic complaints. Hence the chylopoietic viscera become the seat of many painful affections.

The female sex.—Nature has endowed the female constitution with greater delicacy and sensibility than the male, as destined for a different occupation in life; but fashionable manners have shamefully mistaken the purposes of nature, and the modern system of education for the fair sex has been to refine on this tenderness of frame, and to induce a debility of body from the cradle upward, so as to make a feeble woman rather a subject for medical disquisition, than the healthful companion of our cares. The medical literature of the present day particularly that treating on the diseases of the reproductive organs, affords abundant, but melancholy proofs of the justness of this remark. Their whole tenor of living, dress, and domestic economy are at variance with health. That it should be rude for an innocent young girl to run about with the other sex, to partake of their sports, and to exercise herself with equal freedom is a maxim only worthy of insipid *quid nuncs*. A man of fortune when he builds a stable for his horses, takes care that they shall be duly preserved sound in wind and limb by frequent exercise out of doors, but in no part of his premises do you see a gymnasium for his children. If the ingenious arts are chiefly to be valued as they increase the sum of human happiness, we thus make it a misfortune to have a house over our heads though it may shelter us from the frost, the tempest and the rain; for it too often becomes the means of depriving us of health, when it prevents exercise and excludes pure air. We indulge our boys in athletic exercises, while the girls must have their more delicate limbs cramped and confined, sitting in the house dressing dolls. Ancient custom has pleaded in favor of these amusements for boys, as we read in Horace, but it is nowhere recorded that the infancy of Portia, Arria, and Agrippina was spent in fitting clothes for sawdust babies. All female

employments that are performed in the sitting posture injure health, and are hurtful in proportion to the early age in which they are begun. The female constitution furnished by nature with a peculiar delicacy and feeling, soft in its muscular fibre and easily acted upon by stimuli, has all its natural tenderness increased by artificial refinements. Hence nervous diseases are in a manner the inheritance of the fair sex. When to these we superadd all the preposterous customs of fashionable life—not the least the style of dress with the drag and weight on the loins, need we wonder at the numerous instances of bad health and the feeble existence so often to be found among them. One of the great misfortunes which some species of manufactures have brought on, is the employment of girls before they have attained their full growth. During infancy and childhood and till the human frame has acquired its full stature, it would appear that more pure air is required for the purposes of health than at a remoter period of life. The heart of the child much surpasses that of the adult in frequency of pulsation, and every movement of the body is quicker and more constant, so that it seems never to be at rest but during sleep, hence the greater expenditure of vital air. Girls employed in woollen or cotton factories, shoe factories, cigar, and paper factories, are to country girls, what the daughters of rich residents of cities are to the daughters of farmers; both are examples of nature's precepts being disobeyed. Broad shoulders, a full chest, and muscular limbs are concomitants of exercise and labour. All the nations of antiquity found it expedient to train their youth to hard and active exercise. The Olympic games, Gymnasium, Palestra, Campus Martius, Circus, and Arena, were so many places appointed for this purpose. Another very important point although too often overlooked is the injury likely to arise to the brain from premature exercise of its functions. Sir Henry Holland in his *Mental Pathology* on this subject thus speaks: "It is certain that the powers of the brain are only gradually developed, and that if forced into premature exercise, they are impaired by the effect. This is a maximum indeed of great import, applying to the condition and culture of every faculty or function of body and of mind, and singularly so to the memory, which forms in one sense the foundation of intellectual life. A regulated exercise *short of fatigue* is improving to it, and to all faculties and

functions, but we are bound to refrain from goading it by constant and laborious efforts in early life, and before the instrument is strengthened to its work, or it decays under our hands."

MICHIGAN STATE MEDICAL SOCIETY AND HOMŒOPATHY.

At the meeting of the Michigan State Medical Society, which was held in Ann Arbor on the 10th, 11th and 12th ult., action was taken respecting Homœopathy in the University. Ever since the year 1855, efforts have been made from time to time to establish a chair of Homœopathy in the University; but these were unsuccessful until April, 1875, when the Legislature passed an Act authorizing the Board of Regents to establish a Homœopathic department in the University, and made an annual appropriation of \$6000 for the purpose of sustaining it. A Homœopathic department was accordingly established with two chairs, one on Medicine, and the other on Therapeutics—the old professors becoming the teachers for both classes of students in Anatomy, Physiology, Surgery, Obstetrics and Chemistry.

The diplomas, instead of being granted and signed as formerly by the professors in the several departments, were now to be granted by the Regents upon the recommendation of the professors in each department, and signed only by the President and Secretary. The result of this action was that Dr. Sager, the Dean, resigned his connection with the Medical department, while the other members of the faculty accepted the situation as an "accomplished fact" and remained at their posts.

At the meeting of the State Society above referred to, a committee of nine was appointed, to whom was referred the various matters relating to the Society and the Medical department of the University, and the following report was submitted:

Resolved,—That we are not content with the existing situation of the Medical department of the University, because in our opinion it is not calculated to maintain or advance medicine as a science, nor is it consistent with the honor or interest of the profession.

Resolved,—That a State under our form of government cannot successfully teach either medicine or theology, and that the medical profession ought to be its own teacher and the guardian of its own honor.

Resolved,—That we regard all legislative interference with the government of the University as unconstitutional, wrong in principle and harmful in its results.

Resolved,—That section 4 of the constitution of this State Society be amended so as to read as follows, viz: "Section 4. The resident members should be elected by vote of a majority present at any regular meeting, their eligibility having previously been reported upon by the committee on admission; *Provided*, That no person shall be admitted to membership who practises or professes to practise in accordance with any so-called 'pathy' or sectarian school of medicine, or who has recently graduated from a medical school whose professors teach or assist in teaching those who propose to graduate in or practise irregular medicine."

The report was followed by an animated debate, and was finally adopted by a large majority—the fourth resolution being an amendment to the by-laws, was, under the rules, laid over until the next annual meeting.

As significant of the views of the Society, may be mentioned the fact that Dr. Sager was appointed *President*, and Dr. Foster Pratt (chairman of the committee of nine) *1st Vice-President*.

The difficulty which has arisen in connection with this matter is one of no ordinary moment. It is easy to give advice and criticise the acts of others from a certain standpoint, but the question is, What would nine out of every ten have done under similar circumstances? In fact we scarcely know which to admire the most, the man who, from a sense of duty and loyalty to the profession, resigns a charge over which he had presided for years, or those who, from a sense of duty and loyalty to the University, stood firmly at their posts and braved the insults and epithets of their *confreres* in the State Society. We must confess that our sympathies are strongly with the Medical Faculty, who refused to hand over the University, hand and foot to the Homœopaths. We in Ontario have, not long since, passed through a somewhat similar crisis. We have discovered that the true way to crush out "pathies" and "isms" is to educate all up to the same standard—to adopt a levelling-up process, instead of an antagonistic one. Drop the insane cry *humbug, deceit, knavery, quackery* and the like; such a policy serves but to perpetuate the evil, so to speak. Raise the standard of education for all who desire to enter the profession, and you will soon extinguish all "pa-

thies," "isms," and men of one idea in medicine. Educate them thoroughly, and they will be the better able to discover the errors in each system, and gather up the truths from all. It is too late in the 19th century to endeavor to put down "quackery" by any other means. All the vile phrases, all the obnoxious epithets, and all the penal codes that can be devised, are of little avail. Neither should the regular profession stand idly by with folded arms, and allow the enemy to have full sway. What has the Society or the members of the Faculty at Ann Arbor to fear from the Homœopaths, and a small following of students? which is sure to become less every year? Nothing whatever. No; let them rather stand manfully at their post of duty, let them have faith in their own profession, let them be *true* to themselves and those under their instruction, and let time, "the arbiter of all things," be judge of the result.

MEDICAL COUNCIL EXAMINING BOARD.

In another place will be found a letter from Dr. Campbell, Chairman of the Examining Board of the College of Physicians and Surgeons, of Ontario, in reference to the appointment of examiners. We readily give place to this communication, for we are quite willing that both sides of this question should be laid before the profession. Our correspondent says that the troubles have been "grossly" exaggerated and much misrepresentation has found its way into the press." We are glad to learn from the Chairman that matters were not quite so bad as represented, but that they were bad enough to call for condemnation he himself admits, and we would have more confidence in his statements if he had not endeavored, in his first letter to the *Globe*, to make it appear that all was serene in the Board room, and referred to Mr. McKim (Janitor of the University) for a certificate of character of members of the Board. Our correspondent has now changed his base, and endeavours to throw the whole blame on the "*negligence or dilatoriness of two members*" of the Board representing schools, and tries to make it appear that the Council "has not even a voice in their nomination." Here our correspondent is entirely in error, the appointing power lies wholly in the hands of the Council; one examiner must be appointed from each of the teaching bodies in

Ontario, but the Act does not state who that examiner is to be, and the Council may appoint any member of the faculty it chooses from each particular school. We know of one or two instances in which the nominee of the school was objected to on personal grounds, and another chosen in his stead. The old and now stale argument of the necessity of appointing members of the Council on the examining Board to counteract the effect of these terrible school men, is again made to do duty by our correspondent; but mark the inconsistency here. The school men are charged with *negligence* or *dilatatoriness* (or something worse) on account of which the whole trouble arose, and yet members of the Council should be appointed on the Board as the only men in the whole of Ontario able to cope with them. The statement is uncomplimentary in the highest degree, both to the Council and the profession.

The Chairman is again in error when he states that there are only four appointments to be made from the territorial divisions; the Act specifies *five*, and as there are at present only *three* teaching bodies in Ontario no undue preponderance can possibly result in favor of the schools. The school men on the Board are also changed annually, notwithstanding his statement to the contrary. How is it possible, therefore, that the latter could obtain "absolute control and management of the whole proceedings?" and reduce the territorial members to "mere ciphers?" Such a lame apology for an argument shows most forcibly the utter falsity of the position. But it won't do for our correspondent to endeavour to lay the entire blame of the troubles in the examining Board upon the shoulders of *two* members alone, there are at least *two others*, (not schoolmen,) who, by their obstructiveness, officiousness and intemperance, if we are not sadly misinformed, caused great delay and annoyance to other members of the Board, and these were the members in particular that were marked out, for the special disapprobation of the students.

We have not the slightest objection to the suggestion of the chairman that the Act be so amended as to vest in the members of the Council the appointment of the whole Board of Examiners, but in that event will we take precious good care that they shall never again have the power of appointing themselves as examiners. We have no faith in our correspondent's statement that in such an event the Council would "*cheerfully agree* to appoint all the examiners from outside its own body."

No doubt the cause of the troubles at the late examinations will be investigated after a fashion at the next meeting of the Council; but the mere mention of such an investigation reminds us forcibly of a famous political cartoon we once saw in which the accused was represented as witness, counsel and judge in the same Court.

CENTENNIAL EXHIBITION, MEDICAL SERVICE.—A Bureau of Medical Service has been established in connection with the Centennial Exposition. The Director, Dr. William Pepper, has just issued a circular referring to the sanitary condition of Philadelphia, and giving statistics of her annual death-rate as compared with that of other large cities, from which it is found to be lower, being about 22 per thousand, while that of New York, Berlin and Vienna is each about 29 per 1000. This favorable condition he attributes to the abundant and cheap water supply, and the absence of over-crowding of the population. The circular states that the health of the city is at present very good. Timely efforts have been made to secure an abundant water-supply to meet the great increase in the demand which must be expected this summer as compared with previous years. Constant watchfulness will be exercised by the authorities to maintain cleanliness, and to avoid or remove every possible cause of disease. Within the Exhibition grounds a rigid sanitary inspection will be maintained, under the control of the Bureau of Medical Service, and thus a guarantee will be afforded that no cause of infection or disease will be allowed to occur through neglect of this important duty. The object of the circular is to call attention to the unusual sanitary advantages of Philadelphia, and to the preparations which have been made to ensure the highest possible degree of healthfulness during the approaching Exhibition season.

SALICYLIC ACID IN ACUTE RHEUMATISM.—Salicylic acid has recently been receiving high encomiums from many members of the profession at home and abroad, as a remedy for this painful and somewhat intractable disease. It is administered in from two to ten grain doses every two hours, in the form of powder, with sugar or simple syrup.

BRYANT'S SURGERY.—A new edition of *Bryant's Surgery* has just been issued from the press (English). The work is now in two vols., instead of one, owing to the large amount of new matter which has been introduced.

NEW HOSPITAL.—A new hospital, which will be known as the Western Hospital, is to be built at Montreal. There will be accommodation for about fifty beds, including three private wards. In the ground floor provision is made for an out-door or dispensary department. The corner stone will be laid about the 1st of June, and the building will be ready for the reception of patients early next summer. The ground owned by the Corporation of the Western Hospital consists of nearly three acres just at the western portion of the city limits about half of the property being outside the limits, and is beautifully situated, either as regards drainage, ventilation, or view.

SMALL-POX IN MONTREAL.—Dr. B. Larocque, one of the Montreal health officers, in his report of the death rate for April 76, gives some interesting statistics in connection with small-pox. Of a total death rate of 372 within the city limits during the month of April, small-pox carried off 30 victims, 28 of whom were French Canadians.

HONORS TO CANADIANS.—Geo. H. Burnham, M.B., and D. B. Fraser, M.B, graduates of Trinity College, Toronto, have successfully passed the required examination for the diploma, and were duly admitted members of the Royal College of Surgeons, England, on the 19th of April.

APPOINTMENTS.—William Graham, M.D., of Brussels, to be an Associate Coroner, for the County of Huron.

William J. Anderson, M.D., of Smith's Falls to be an Associate Coroner, for the County of Lanark.

TORONTO UNIVERSITY EXAMINATION.—The following gentlemen have passed their examination in this University, as follows:—For M. B. A. C. Bowerman, R. Bentley, E. Jessop, W. R. Knowles, H. G. Lackner, J. M. Mackie, G. R. Mc Donagh, A. McPhedrain, R. S. Tyrrell, and M. J. Wilson, of the Toronto School of Medicine; and J. W. Smith, and W. F. Strangway of Trinity College Medical School.

For the Primary; *W. H. Burton, *J. J. Esmond, *B. Field, *A. Grant, G. A. Kennedy, *G. A. Langstaff, J. E. Langstaff, N. A. Munro, A. H. Mc Kinnon, W. T. Parke, O. Young, *W. Robson, J. A.

Sinclair, J. B. Smith, and T. B. Wilkinson of the Toronto School of Medicine, and T. H. Ashby, R. H. Barkwell, A. Davidson, *W. E. Winskell, M. Macklin, G. T. McKeough and M. Sutton of Trinity College Medical School.

SCHOLARSHIPS.—Third year—W.T. Stuart, (Trinity College); Second Year, H. S. Griffin; First Year, J. Adair.

MEDALS.—Gold Medal—A. McPhedrain, 1st Silver Medal, H. G. Lackner; 2nd Silver Medal, A. E. Bowerman; 3rd Silver Medal, W. J. Wilson, Starr Gold Medal, H. G. Lackner; Starr Silver Medal, A. McPhedrain; Starr Silver Medal, H. C. Bowerman.

QUEEN'S COLLEGE CONVOCATION, KN.—The following gentlemen received the degree of Doctor of Medicine in the University, on the 27th of April.—George H. Case, London, Ont.; Ramsoll A. Davis, Smith's Falls, Ont.; Alex. Kennedy, Bath, Ont.; John B. Murphy, Norwood, Ont.; Thomas Potter, North Gower, Ont.; John McG Yourex, Belleville, Ont.

Reports of Societies.

WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The sixth regular meeting of the Western and St. Clair Medical Association was held in Windsor, the 2nd ult. Dr. Bray, President, in the Chair. There were present, Drs. Andrews, Casgrain, Lambert, Carney, Coventry, Aikman, Martin, Nesbit, Allworth, Gaboury, Tye, Vanvelsor, Samson, Holmes, Abbott, Murphy, Fleming, Roe, Fraser, Maclean, Edwards, Stephenson, Ross, and by invitation, Drs. Jenks, Noyes, Brodie, McGraw, Shirley, Eugene, Smith, Sinclair, and H. Smith, of Detroit; and Leonard, of New York.

The minutes of last meeting were read and adopted.

A communication from the Centennial Medical Commission of Philadelphia, inviting the appointment and attendance of delegates to the International Medical Congress, was read. A letter from Dr. L. Harvey, regarding the meeting of the American Medical Association was also read. Dr. Andrews, of Windsor, was elected an honorary member of the Association.

Moved by Dr. Abbott, seconded by Dr. Gaboury, that a Committee, consisting of Drs. Holmes, Tye, Casgrain, Fraser, and the mover, be appointed to recommend delegates to the Dominion Medical Association, and International Medical Congress. Carried.

*Each of the Candidates marked thus, has been put back on one of the subjects comprised in the Examination.

Dr. Fraser, chairman of the Printing Committee, presented his report.

Moved by Dr. Carney, seconded by Dr. Lambert, that the transactions in future be printed at the end of the year instead of quarterly as at present. Carried.

Dr. Samson then read his paper on "A number of cases of great practical interest" which had occurred in his practice; and Dr. Bray read a paper upon "Post Partem Hemorrhage," introductory to the discussion upon that subject. Both gentlemen received the thanks of the meeting for their excellent papers.

The meeting then adjourned to enjoy the generous hospitality of the medical fraternity of Windsor at the Crawford House, and by their kind arrangement, the members from a distance were enabled to visit the museum of the Detroit Scientific Society, the House of Correction, Harper's hospital, the chemical works of Messrs. Parkes and Davis, and other places of interest in the city.

On re-assembling at 4 p.m., the committee appointed to nominate delegates, recommended that Drs. Edwards, Coventry, Holmes, Murphy, Tye, and Maclean be delegates to the International Medical Congress, and Drs. Bray, Carney, Hoare and Fraser, delegates to the Dominion Medical Association.

On motion the report was adopted.

Dr. Andrews returned thanks to the Association for having elected him an honorary member, and announced in a few parting words his retirement from the active practice of the profession in which he had been engaged for over fifty years.

Dr. Brodie of Detroit thanked the Society for the invitation to be present at the meeting, and expressed his good wishes for the Society, and for the profession in Canada—and extended a reciprocal invitation to meet the State of Michigan Medical Society at Ann Arbor on the 16th of May—and the American Medical Association in June.

Dr. Jenks of Detroit, President of the Michigan State Medical Society—said he was authorized by the Michigan, Ohio, and Indiana, State Medical Societies to bring before this Association the matter of forming a sort of limited International Medical Society for purely scientific purposes and discussion, to embrace the States above named, and a portion of Western Ontario. After some discussion as to the desirability and best means of bringing this about, it was moved by Dr. Tye and seconded by Dr. Carney—that the President and Secretary of this Society together with Drs. Edwards, Casgrain, Coventry and Carney, be a committee, to meet with a committee from the Societies above named; the joint committee to meet at the call of Dr. Jenks. Carried.

A discussion now took place on the paper read by Dr. Bray on Post Partem hemorrhage, in which Drs. Jenks, Holmes, Roe, Noyes, Smith,

Edwards, and Coventry, in the main agreed with the opinions advanced in the paper—some however taking exceptions to the treatment by injection of perchloride of iron.

Dr. Noyes, of Detroit, kindly consented to read a paper before the Association at its next meeting, and Dr. Fraser promised to introduce a subject for discussion, at Sarnia.

The Association then adjourned to meet in August next.

KINGS AND QUEENS MEDICAL ASSOCIATION.

The half-yearly meeting of this association was held in Port Perry on the 17th ult. Dr. Allison, President, in the Chair. There was a large attendance of members and the following resolutions were adopted:—

Moved by Dr. Jones, seconded by Dr. McGill, "That the system of prosecuting unlicensed practitioners as at present in operation, is in the opinion of the Association, preferable to placing the duty solely into the hands of one individual, as now under contemplation.

Moved by Dr. Brathwaite, seconded by Dr. McGill, "That this Association condemns the principle adhered to by the Council of appointing year after year the Examining Board from among its members, and that the members of this association withhold their annual contribution so long as the practice is continued."

Moved by Dr. Fielding, seconded by Dr. Black, "That while this Association does not desire to dictate to the medical gentlemen in some of the other Divisions the course desirable for them to pursue in selecting their representatives in the Council, it cannot help directing their attention to the fact that a change in some cases is highly necessary from the fact that the officiousness, alleged drunkenness, and arbitrary conduct of some is regarded as a disgrace not only to themselves personally, but also to the constituents they profess to represent, as well as the profession generally."

"Moved by Drs. Hillary, and seconded by Dr. Smith. "That this Association desires to condemn the common practice that prevails in the profession of furnishing the public press with notices and reports of operations, and to characterize the conduct of those who seek notoriety by such means, as neither creditable to themselves nor in accord with the dignity of their profession."

"Moved by Dr. Fielding, seconded by Dr. Buck, "That the following names be submitted to the Council, through the representative of this division, as fit candidates for the position of examiners on the subjects named:—Dr. Sangster, chemistry or physiology; Dr. Bascom, practice of medicine; Dr. Hillary, Materia Medica; Dr. Coburn, midwifery; Dr. McGill, surgery; Dr. Eastwood, medical jurisprudence."

Moved by Dr. Fielding, seconded by Dr. Hilary, "That this Association considers the publishing in the public press of a candidate's standing at the late examinations by an examiner a gross violating of confidence, which should be brought to the notice of the Medical Council at its next meeting."

Moved by Dr. McGill, seconded by Dr. Fielding, "That while this Association disapproves of any unseemly behaviour upon the part of candidates under examination before the Board, it desires to censure those examiners whose conduct at the late examinations was calculated to cause in subordination, and cover the medical profession in Ontario with disgrace."

It was also decided to adopt the United States code of medical ethics as a guide to professional intercourse.

A vote of thanks to and an expression of confidence in Dr. Allison, the division's representative at the Council, were passed.

BURLINGTON AND HOME MEDICAL ASSOCIATION.

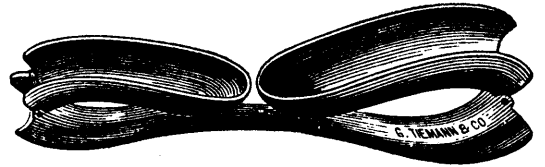
A meeting of the Burlington and Home Medical Association was held at the City Hall, Hamilton, on the 11th ult. The attendance was small. The Chairman, Dr. McDonald, explained that the object of the meeting was to discuss the action of the Examiners at the recent examination in Toronto. It was moved by Dr. Freeman, seconded by Dr. Miller,—"That this Association regrets the course pursued by the members of the Medical Council in appointing themselves a Board of Examiners, thus destroying public confidence in the Council as an efficient court of appeal." The resolution was carried unanimously.

New Instruments.

MODIFICATION OF SIMS' SPECULUM.—Dr. Dawson exhibited, at the New York Obstetrical Society some time since (*American Journal of Obstetrics*) his modification of Sims' speculum for the examination of very capacious vaginæ. It consists of an ordinary Sims' speculum, the blade of which is divided in the longitudinal direction, and arranged to dilate by means of a screw. It is introduced and dilated before traction is made, it having been found that the dilatation is more difficult after traction. The instrument is serviceable in operations on the posterior wall of the vagina which can easily be reached in its whole length when full dilatation is made and also when the relaxed and pendulous vaginal walls would be likely to overlap the sides of the ordinary Sims' speculum and obstruct the view.

Dr. Peaslee said that in this latter class of cases he generally uses an extremely large speculum, but thinks that Dr. Dawson's instrument is decidedly more simple and convenient.

The following cut represents another modification of Sims' speculum, by Dr. Dawson, a "folding



speculum." It is fitted with hinges which enable the blades to be folded up. It renders it more convenient for carrying about or for packing in a case

Books and Pamphlets.

THE POPULAR HEALTH ALMANAC FOR 1876; by F. Hoffman, New York. The aim and objects of this almanac is to displace the quack almanacs with which the U. S. and Canada is flooded; to expose the humbug mixtures, called "patent medicines" and to instruct the people in matters essential to health. The composition of many of the common nostrums is exposed, some of which we give below. All such efforts merit the endorsement of every physician and lover of humanity.

Radway's Ready Relief.—This is a light brown liquid, consisting of eight parts of soap liniment, one part of the tincture of capsicum, and one part of aqua ammonia. (Hager, Peckolt, Hoffman.)

Radway's Renovating Resolvent.—Each bottle contains about six fluid ounces of a vinous tincture of cardamon and ginger sweetened with sugar. (Hager.)

Pierce's Golden Medical Discovery.—Each bottle contains one drachm of the extract of lettuce, one ounce of honey, one-half drachm of the tincture of opium, three ounces of dilute alcohol, and three ounces of water. (Hager.)

EXTRA-UTERINE PREGNANCY: Its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis, and Treatment. By John S. Parry, M.D., Obstet. to Philadelphia Hospital. Philadelphia: Henry C. Lea. 1876.

CANADIAN MEDICAL ASSOCIATION.—The Annual meeting of the Canadian Medical Association will be held in Toronto on the 1st Wednesday in August. Steps should be taken as early as possible to make preparation for giving our friends from a distance a proper reception.

REMOVAL.—The Toronto Eye and Ear Infirmary has been removed to 153 Church St. See advt.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D., of New York. 6th edition, 8vo., pp. 883, illustrated. New York: D. Appleton & Co.

The author of this work has been for several years a recognized leader in this particular field of study, and has done more than any other person towards making it a special department of medical science. Within the short period of four years, no less than five editions of Professor Hammond's treatise have been exhausted. So marked has been the progress in this field of study, that the present edition may be considered as essentially a new book, the entire substance of the previous editions having been re-written and re-arranged on a pathological basis. Much new matter has been added, and many alterations made, bringing the whole subject up to date. It is the most comprehensive treatise in the English language on the diseases of the nervous system.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF SURGERY—By T. Holmes, M.A., Cantab., Surgeon to St. George's Hospital. With four hundred and eleven Illustrations. Philadelphia: Henry C. Lea; Toronto: Willing & Williamson.

This work is written by the Editor of "Holmes System of Surgery," and is intended as a comprehensive epitome on the theory and practice of Surgery of the present day. It is clearly and tersely written, and contains a large amount of matter within the compass of about 900 pages. The work will rank among the very best text books in our libraries and schools. It comprises the whole range of surgery, including even diseases of the eye, ear, and skin. In point of compactness and thoroughness, it is one of the best works recently published.

LECTURES ON ORTHOPEDIC SURGERY AND DISEASES OF THE JOINTS.—By Lewis A. Sayre, M.D., New York; illustrated by 274 wood engravings. New York: D. Appleton & Co.; Toronto: Willing & Williamson.

This volume consisting of about 470 pages was stenographically reported by Dr. Carpenter, from Dr. Sayre's clinical lectures delivered, during the session of 1874-5, in Bellevue Hospital. We are quite certain the book will be warmly received by the profession in the United States and Canada, on account of the author's well known reputation as an Orthopedic surgeon. The disquisition on hip joint diseases alone is worth thirty times the price of the book to those having such cases to treat.

THE STUDENT'S GUIDE TO THE PRACTICE OF MIDWIFERY, by D. Lloyd Roberts, M.D., M.R.C.P., Lond. Philadelphia: Lindsay & Blakiston, 1876. Toronto: R. Carswell. Price, \$2.25.

This book is as full and complete as any work of its character and size can be, and if a medical student desires a compend on obstetrics, we would recommend Roberts.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY, by T. Henry Green, M.D., F.R.C.P., Lond., Lecturer on Pathology, &c., Charing Cross Hospital, Physician. Second American from the third English edition. Illustrated by one hundred and eleven engravings. Philadelphia: Henry C. Lea. Toronto: R. Carswell, \$2.75.

This is a very concise and practical handbook for students and practitioners on the subject treated upon. It has now come to be recognized as a standard work, and is much sought after. The present volume is a great improvement on its predecessors and contains an additional number of illustrations.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE by Dr. H. Von Ziemssen. Vol. IV. Diseases of the Respiratory Organs. New York: Wm. Wood & Co.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM by J. K. Bauduy, M.D., Missouri Med. College. Philadelphia: J. B. Lippincott. Toronto: R. Carswell.

Births, Marriages, and Deaths.

At Newtonville, on the 25th ult., the wife of Dr. Mitchell, of a son.

On the 13th May, at Woodville, the wife of Dr. McKay, of a son.

At Victoria, on 19th May, the wife of Dr. Thos. Brunskill, of a daughter.

At 303 Church-st., Toronto, on the 29th ult., the wife of Dr. Fulton, of a daughter.

At Grace Church, Chicago, on the 18th May, by the Rev. Dr. Locke, T. W. Reade, Esq., M.D., of Toronto, Canada, to Annie, only daughter of Alex. Kirkland, Esq.

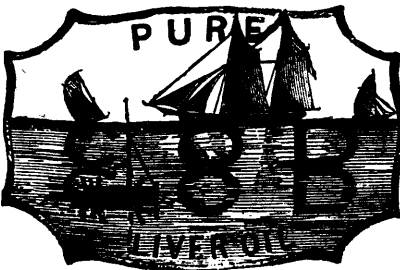
At Watford on the 20th ult., Joseph W. Shirley M.D., formerly of Louisville, Ky., in the 32nd year of his age.

PURE COD-LIVER OIL,

Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.

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

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



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

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

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference.

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

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

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

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

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

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

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.

T. MORSON & SON,

31, 33 & 124 SOUTHAMPTON ROW, RUSSELL SQUARE, W.C.

WORKS: HORNSEY ROAD, N., & SUMMERFIELD WORKS, HOMERTON E., LONDON,

MANUFACTURERS OF

Pure Chemicals and all New Medicines.

SPECIALTIES.

MORSON'S PEPSINE PREPARATIONS. (The Original English Manufacturers.)

MORSON'S PEPSINE PORCI, Pure.

MORSON'S PEPSINE POWDER, or POUDRE NUTRITIVE.

MORSON'S PEPSINE WINE.

MORSON'S PEPSINE LOZENGES.

MORSON'S PEPSINE GLOBULES.

MORSON'S PANCREATIC POWDER.

MORSON'S PANCREATIC EMULSION.

MORSON'S PANCREATIZED COD LIVER OIL.

MORSON'S SACCHARATED WHEAT PHOSPHATES.

MORSON'S CREOSOTE, from WOOD TAR. (The only English Makers.)

N.B.—Test of Purity—Insoluble in Price's Glycerine.

MORSON'S GELATINE. (The most economical substitute for Isinglass.)

MORSON'S CHLORODYNE.

MORSON'S EFFERVESCING CITRATE OF MAGNESIA.

MORSON'S ARTIFICIAL ESSENCES for Flavoring.

MORSON'S MORPHIA SALTS.

MORSON'S CHLOROFORM, Pure and Meth.

MORSON'S SP. ETHER NIT. P.B.

MORSON'S SP. AMMON. AR. P.B.

MORSON'S GINGERINE and ALOINE.

Sold Wholesale and Retail by all Chemists and Druggists throughout the World.

BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

SESSIONS OF 1876-77.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

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

Faculty :

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynæcology.
WILLIAM M. POLK, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
ALPHEUS B. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery, etc.
EDWARD G. JANEWAY, M.D., Professor of Practical Anatomy. (Demonstrator of Anatomy.)
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.
A. A. SMITH, M.D., Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

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

Fees for the Regular Session.

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

Fees for the Spring Session.

Matriculation (Ticket good for the following Winter)	\$ 5 00
Recitations, Clinics, and Lectures.....	35 00
Dissecting (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address

PROF. AUSTIN FLINT, JR.,
Secretary Bellevue Hospital Medical College.

GEORGE TIEMANN & CO.,

F. A. STOHLMANN. ESTABLISHED 1826. ED. PFARRE
67 CHATHAM STREET, NEW YORK,

MANUFACTURERS AND IMPORTERS OF

SURGICAL INSTRUMENTS,

Apparatus for Fractures, Dislocations and Deformities,
Latest Instruments for Local Anæsthesia, and for Applica-
tions to the Larynx, Posterior Nares, Eustachian Tube,
Uterus, Urethra, Bladder, &c., &c. Laryngoscopes,
Ophthalmoscopes, Endoscopes, Hypodermic Sy-
ringes, Fever Thermometers, &c. Surgical
Instruments of all kinds made to order,
and the Latest Improvements and
Novelties promptly supplied.

TWO SILVER MEDALS AWARDED

BY THE

PARIS EXPOSITION OF 1867,

BEING THE ONLY SILVER MEDALS GRANTED TO
American Exhibitors of Surgical Instruments.

Dr. Garratt's Electric Disk.



for local Weakness and chronic Pains—if worn by
night or day, as a flexible pad, self-applies a constant
fine Electric influence, of great power to cure weak
Nerves, Joints, Muscles or Organs, as weak Lungs'
Throat, Stomach or Back, Sluggish Liver, Rheumatic
Heart, Asthma, Congestion in Neck, Head Pains'
Weak Kidneys and Pelvic Organs.

Large best Disk, 5 by 8 inches, 24 poles, \$2.50. Childrens, 2 by 5, \$1
Simple Disk, 50cts. Greatly improved in durability. Each Disk is
warranted.

Physicians say, "Garratt's Disk is the only thing for this purpose,
that is reliable."

Sold by Druggists and Surgical Instrument Dealers.

Sent by Mail on receipt of Price, by A. C. GARRATT, M.D., (Electri-
cian) 6 Hamilton Place, Boston, Mass.



CUTLER'S POCKET INHALER

AND
Carbolate of Iodine Inhalants

A REMEDY for all NASAL, THROAT and LUNG Dis-
eases, affording relief in some cases in a few minutes.

This instrument is gotten up on an entirely new principle,
and is well adapted to the treatment of all those diseases of
the air passages requiring efficient inhalation. It is endorsed
by many leading practitioners, and commends itself to all
desiring an apparatus.

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

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

Always ready, no danger of breaking or spilling, besides
being as safe and efficient in the hands of the novice as the
adept. Made of Hard Rubber, it may be carried about the
person as handily as a pencil case, and used regardless of
time or place. Patented in the United States, England and
Canada. Over 50,000 now in use in this country.

Price \$2, including Inhalant for two months' use. Neatly
put up and sent by mail free, on receipt of price. Extra
bottles of Inhalant, 50c. Liberal discount to the trade.
Kept by all druggists. Send your address and receive our
descriptive circular, post-paid.

W. H. SMITH & CO.,

402 and 406 Michigan St., Buffalo, N. Y.

Samples to Physicians free by mail on receipt of \$1.

TO MEDICAL MEN.

FOR SALE, a good Practice, comfortable house, stables,
etc., together with a small Drug Store, in a beautifully
situated village within a mile of a line of railway, on very
advantageous terms to a suitable person.

Apply to the Editor of the LANCET.

Surgeon's Pocket Case for Sale—cheap.

A Surgeon's Pocket Case, entirely new, containing the following
Instruments—Silver Catheter, male and female combined, and
Caustic Holder, Curved Bistoury, Probe Bistoury, Scalpel, Tenotomy
Knife, Gum Langet, Hamilton's Artery Forceps, Exploring Needle,
Grooved Director, Pair of Scissors, 2 Silver Probes, 6 Needles, Skin
Silk, &c. Price \$18.

Address M.D., "LANCET" Office, Toronto.

FIRST PRIZE FOR ARTIFICIAL LIMBS AND SURGICAL APPLIANCES.



APPARATUS of every description made to order, for Paralysis, Hip-
joint Disease, Weak Ankles, Club Feet, &c.

JAMES AUTHORS,
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874

I have much pleasure in being able to testify to the skill, ingenuity, and
excellence of workmanship shown in Mr. Authors' surgical appliances. They will bear comparison with those manufac-
tured in any part of the world.

JAMES H. RICHARDSON, M.D., University of Toronto, M.R.C.S. England.

DR. J. COLLIS BROWNE'S CHLORODYNE

IS THE ORIGINAL AND ONLY GENUINE.

ADVICE TO INVALIDS.

If you wish to obtain quiet refreshing sleep, free from headache, relief from pain and anguish to calm and assuage the weary aching of protracted disease, invigorate the nervous media, and regulate the circulating systems of the body, you will provide yourself with a supply of that marvellous remedy discovered by DR. J. COLLIS BROWNE (late Medical Staff), to which he gave the name of

CHLORODYNE,

and which is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is the best remedy for Coughs, Consumption, Bronchitis, Asthma.

CHLORODYNE effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Group, Ague.

CHLORODYNE acts like a charm in Diarrhoea, and is the only specific in Cholera and Dysentery.

CHLORODYNE effectually cuts short all attacks of Epilepsy, Hysteria, Palpitation, and Spasms.

CHLORODYNE is the only palliative in Neuralgia, Rheumatism, Gout, Cancer, Toothache, Meningitis, &c.

Extract from *Indian Economist*.

"We direct the attention of medical men to a fact observed some years since by ourselves, and corroborated by our subsequent experience, that Dr. J. Collis Browne's Chlorodyne is in many cases of Low Fever immensely superior to Quinine in curative power. We cannot persuade ourselves that the true value of Dr. J. Collis Browne's Chlorodyne is yet properly appraised in India. . . . It may be given with absolute safety even to a child three days old. Were medical men but to make a fair and exhaustive trial of it we are persuaded that it would work a revolution in the treatment of two-thirds of the diseases to which children are subject. Its curative power is simply amazing."

"Earl Russell communicated to the College of Physicians that he had received a despatch from Her Majesty's Consul at Manila, to the effect that Cholera had been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE."—See *Lancet*, Dec. 1, 1864.

FROM W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., England.

Formerly Lecturer of Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an Anti-Spasmotic and Sedative. I have tried it in Consumption, Asthma, Diarrhoea, and other diseases, and am most perfectly satisfied with the results."

FROM DR. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

FROM DR. B. J. BOULTON & Co., Horncastle.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct Sedative and Anti-Spasmotic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

FROM J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor Wood stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

SOLE MANUFACTURER—J T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON

PUT UP IN 1 lb., 5 lb., and 10 lb, CANS.



(PETROLEO VIRTUS VALIDISSIMA.)

"The most efficacious virtue from Petroleum."

The Emollient and healing principle from Petroleum, highly purified and concentrated, without the use of chemicals. It has an absolute non-affinity for oxygen or moisture; a perfect bland, soothing, oleaginous substance, applicable to the most sensitive condition, even to the eye, without the slightest irritation, and yet so homogeneous and dense as to exclude atmospheric action and other malific influence. IT IS A PERFECT APPLICATION.

WHEN USED AS A SURGICAL DRESSING, and the bandages adhere to the wound, the subsequent applications may be made upon the exterior of the last fold, which it will penetrate at once, thus avoiding the danger of re-opening the wound.

FOR BURNS AND SCALDS it is INVALUABLE. It allays the acute inflammation almost immediately, and thoroughly protects the injured parts from the action of the atmosphere. If used promptly and ALONE, the wound heals rapidly, even in severe cases, without any sloughing, and usually without leaving any scars. For cuts, lacerated surfaces, all kinds of Inflammation, poisoning, and SKIN DISEASES GENERALLY. For Piles and diseases of the rectum, uterus and urethra, by injection. Hundreds of uses for it are suggested to the physician who knows its positive virtue. It is incapable of decomposition, fermentation, or becoming rancid on any sore, in any climate or temperature.

Cosmoline combines readily with White Wax for Ointments, Cerates with Sulphur, Iodine, Bromine, etc., with Camphor, Gums, sins, etc. It does not combine with proof spirits, Ammonia or Caustic Alkalies. Coming from the same primitive source as Carbolic Acid, it has a peculiar affinity for that valuable remedy, and forms a superior vehicle for it: on account of its simple and positive character it is vastly superior to Olive Oil, Lard, etc., as a menstruum for other external applications. As an emollient it is superior to Glycerine, especially the Rose perfumed. Its non-affinity for oxygen or moisture renders it a perfect protection against rust when applied to surgical instruments.

Prepared expressly for Medical Purposes by

E. F. HOUGHTON & CO.,

To be had from all Retail Druggists. Samples and Circulars furnished

215 South Front Street Philadelphia. Pa.

Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

Compound Elixir of Phosphates and Calisaya,
A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine and Aromatics, in the form of an agreeable cordial, 2 grs. Lacto-Phosphate of Lime 1 gr. Lacto-Phosphate of Iron, 1 gr. of Alkaloids of Calisaya Bark, Quinine, Quinchine, Chinchonine, and fifteen drops of free Phosphoric Acid to each half ounce.

In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anæmic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

When Strychnine is indicated the official solution of the Pharmacopœia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength. Prepared by

T. B. WHEELER, MONTREAL, D. C.

SOLD BY ALL DRUGGISTS.

HORATIO G. KERN,

MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS, &c.

ESTABLISHED 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments, in all the various branches. Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

Unrivalled Extracting Forceps,

Both as regards their quality and adaptation to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

ASPIRATORS.

(A new Instrument.)

Aspirator, No. 1, Six Tubulated Needles, assorted.....\$25.00
Aspirator, No. 2, " " " " 18.00
Aspirator, No. 3, " " " " 12.00

All the Latest Improvements and Novelties.

All orders entrusted to his care will be promptly attended to.

Catalogues furnished on application.

HORATIO G. KERN,

Oct., 1873.

No. 21 North Sixth St., Philadelphia.

Electrical Instruments for Medical Use.

We respectfully refer to the following Eminent Physicians :

BOSTON.

Prof. Francis Minot, M.D.
H. H. A. Beach, M.D.

CHICAGO.

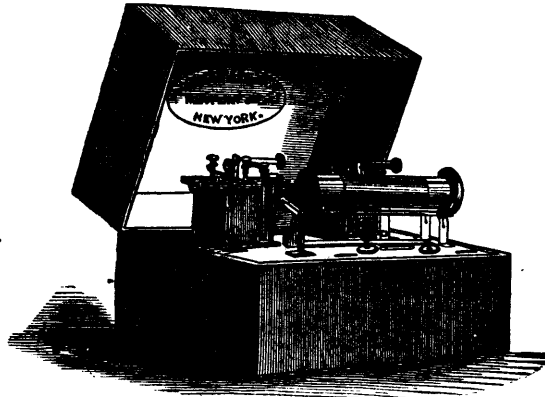
Prof. N. S. Davis, M.D.
Prof. James S. Jewell, M.D.

DETROIT.

Prof. Theo. A. McGraw, M.D.
Prof. James F. Noyes, M.D.
Prof. Albert B. Lyons, M.D.
Prof. Leartus Connor, M.D.

ST. LOUIS.

Prof. J. K. Bauday, M.D.
Prof. Jas. B. Johnson, M.D.



NEW YORK CITY.

Prof. W. A. Hammond, M.D.
Prof. Lewis A. Sayre, M.D.
Prof. James R. Wood, M.D.

PHILADELPHIA.

Prof. Robert E. Rogers, M.D.
Prof. B. Howard Rand, M.D.

CANADA.

Dr. Theo. Mack, M.D., St. Catharines.
Dr. Fife Fowler, M.D., Kingst'n
Dr. John R. Dickson, M.D., Kingston.
Dr. B. H. Lemon, M.D., Thorold.
Drs. Orton & Alexander, M.D., Fergus.
Dr. A. Wolverton, M.D., Hamilton.
Dr. J. Fulton, M.D., Toronto.

Galvano-Faradic Manufacturing Company,

167 EAST 34th STREET, NEW YORK.

FOR SALE BY LYMAN BROS., TORONTO.

Send for Catalogue, with a concise and practical Guide for their use.

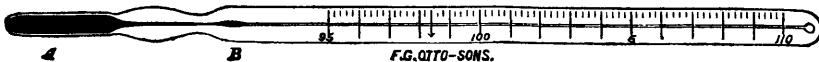
F. G. OTTO & SONS,

(Successors to OTTO & REYNDERS.)

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments AND Orthopædical Appliances

Fig. 12.



THE RESERVOIR THERMOMETER.—The advantages this Thermometer possesses over *all others*, consist in the Reservoir B, in which the registering part of the mercury is collected, forming a body of oblong shape. The surface of this body being large in comparison to the contracted bore, makes it impossible to unite the register with the mercury in the bulb A.

These Thermometers are well seasoned before graduating, and, consequently, are as correct as they can be made.

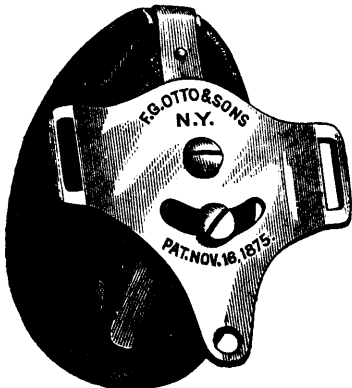
PRICES :

Four inch in fifths,	\$4.25
“ “ “ fourths,	4.00
Five “ “ fifths,	4.75
“ “ “ fourths,	4.50

In Hard Rubber or Boxwood Case, and will be forwarded on receipt of price.

F. G. OTTO & SONS' PATENT TRUSS

Has been described in several medical journals, and has since proved to be by far the best of any yet put before the profession.



F. G. Otto & Son's Patent Truss Pad.

SKELETONS, ANATOMICAL PREPARATIONS, &c.

64 CHATHAM STREET, NEW YORK.

SEND FOR PRICE LISTS.

UNIVERSITY OF TRINITY COLLEGE.

(INCORPORATED BY ROYAL CHARTER.)

MEDICAL DEPARTMENT.—WINTER SESSION 1876-'77.

FACULTY :

- E. M. HODDER, M.D.** F.R.C.S., Eng.; F.O.S., Lond.; Dean of the Faculty, and Consulting Surgeon Toronto General Hospital and the Burnside Lying-in-Hospital.—159 Queen-st. West.
Prof. of Obstetrics, and Diseases of Women and Children.
- NORMAN BETHUNE, B.A., M.D., Edin.; M.R.C.S., Eng.; F.R.C.S., Edin.; F.O.S., Lond.; Physician to Toronto General Hospital, and Burnside Lying-in-Hospital. 198 Simcoe-st.**
Prof. of Surgery and Clinical Surgery.
- WALTER B. GEIKIE, M.D., F.R.C.S., Edin.; L.R.C.P., Lond.; F.O.S., Lond.; Physician Toronto Gen. Hospital.—3 Fleming's Terrace, Elm-st.**
Prof. of Principles and Practice of Medicine.
- J. FULTON, M.D.; M.R.C.S., Eng.; L.R.C.P., Lond.—303 Church-st. Physician to the Hospital for Incurables, and Hospital for Sick Children.**
Professor of Physiology and Sanitary Science.
- W. COVERNTON, M.D.; M.R.C.S., Eng.**
Prof. of Pathology and Medical Diagnosis.
- JAMES BOVELL, M.D., L.R.C.P., Lond.; Consulting Physician to the Toronto General Hospital, and the Burnside Lying-in-Hospital.—118 St. Patrick st.**
Prof. of General Pathology.
- J. E. KENNEDY, A.B., M.D.; F.O.S. Lond. 68 John-st.**
Prof. of Materia Medica and Therapeutics.
- J. ALGERNON TEMPLE, M.D.; M.R.C.S., Eng.; F.O.S., Lond.; Physician to Toronto General Hospital, and Attending Physician Burnside Lying-in-Hospital.—206 Simcoe-st.**
Prof. of Medical Jurisprudence and Toxicology, and Assistant Lecturer on Obstetrics, &c.
- W. H. ELLIS, M.A., M.B.; L.R.C.P., Lond. Instructor in Chemistry, College of Technology.**
Prof. of Chemistry—General and Practical.
- H. ROBERTSON, M.B.; M.R.C.S., Eng.—24 Shuter-st.**
Prof. of Anatomy—Descriptive and Surgical.
- J. FRASER, M.D.; L.R.C.S., Edin.; L.R.C.P., Lond.**
Demonstrator of Anatomy.
- A. J. JOHNSTON, M.D.; M.R.C.S. Eng., F.R.M.S., Lond.**
Microscopy.
- THOMAS KIRKLAND, M.A., Lecturer on Chemistry Botany, &c., Normal School.**

The Session will commence on MONDAY, the 22nd of October, 1876, and continue for Six Months. The Lecture will be delivered in the new College building, close to the Toronto General Hospital. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, &c., will be given in the annual announcement.

E. M. HODDER, Dean.

W. B. GEIKIE, Secretary.

Toronto Eye and Ear Infirmary.

This Charitable Institution is removed from Adelaide-st. to 153 Church-st., opposite the Metropolitan Methodist church. It is open to the poor of the Province, on the presentation of satisfactory evidence of poverty, and on the payment of \$3 a week for board.

Surgeons.—Drs. Rosebrugh, Reeve and Coleman.

A. T. McCord, Esq., *President.*

THIS PAPER IS ON FILE WITH



Where Advertising Contracts can be made.

ROYAL COLLEGE PHYSICIANS AND SURGEONS,

IN AFFILIATION WITH

Queen's University, Kingston.

Faculty :

- J. R. DICKSON, M.D., M.R.C.P. Lond.; M.R.C.S. Eng.; F.R.C.S. Edin.; President and Prof. of Clinical Surgery.**
- PIFE FOWLER, D.D., L.R.C.S. Edin. Registrar and Prof. of Materia Medica.**
- HORATIO YATES, M.D. Principles and Practice of Medicine, and Clinical Medicine.**
- MICHAEL LAVELL, M.D. Obstetrics and Diseases of Women and Children.**
- MICHAEL SULLIVAN, M.D. Surgery and Surgical Anatomy**
- N. F. DUPUIS, M.A., Botany.***
- THOMAS R. DUPUIS, M.D. Descriptive and Regional Anatomy.**
- JAMES NEISH, M.D. Medical Jurisprudence.**
- NATHAN F. DUPUIS, M.A. Chemistry and Practical Chemistry.**
- ALFRED S. OLIVER, M.D. Institutes of Medicine and Sanitary Science.**
- KENNETH N. FENWICK, M.A., M.D. M.R.C.S. England. Practical Anatomy.**

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

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

* Students attending the Botanical class can also without additional fee attend Lectures on Zoology.

UNIVERSITY OF THE CITY OF NEW YORK.

MEDICAL DEPARTMENT.

410 East Twenty-sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION, 1876-77.

FACULTY OF MEDICINE.

REV. HOWARD CROSBY, D.D., LL.D.,
Chancellor of the University.
MARTIN PAINE, M.D., LL.D.,
Emeritus Prof. of Materia Medica and Therapeutics.
ALFRED C. POST, M.D., LL.D.,
Emeritus Prof. of Clinical Surgery; President of the Faculty.
CHARLES A. BUDD, M.D.,
Prof. of Obstetrics.
JOHN C. DRAPER, M.D., LL.D.,
Prof. of Chemistry.
ALFRED L. LOOMIS, M.D.,
Prof. of Pathology and Practice of Medicine.
WILLIAM DARLING, A.M., M.D., F.R.C.S.,
Prof. of Anatomy.

WILLIAM H. THOMSON, M.D.,
Prof. of Materia Medica and Therapeutics.
J. W. S. ARNOLD, M.D.,
Prof. of Physiology.
JOHN T. DARBY, M.D.,
Prof. of Surgery.
CHARLES INSLEE PARDEE, M.D.,
Prof. of Diseases of the Ear; Dean of the Faculty.
ERSKINE MASON, M.D.,
Prof. of Clinical Surgery.
WALTER R. GILLETTE, M.D.,
Adjunct Prof. of Obstetrics.

POST GRADUATE FACULTY.

D. B. ST. JOHN ROOSA, M.D.,
Prof. of Ophthalmology and Otology.
WM. A. HAMMOND, M.D.,
Prof. of Diseases of the Mind and Nervous System.
STEPHEN SMITH, M.D.,
Prof. of Orthopedic Surgery and Surgical Jurisprudence.

MONTROSE A. PALLAN, M.D.,
Prof. of Gynaecology.
FANEUIL D. WEISSE, M.D.,
Prof. of Surgical Anatomy.
HENRY G. PIFFARD, M.D.,
Clinical Professor of Dermatology.

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

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

THE PRELIMINARY WINTER SESSION commences September 13th, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 27th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

THE POST GRADUATE COURSE is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is \$30. This course will begin September 27th.

The Faculty desires to call attention particularly to the opportunities for dissection. Subjects are abundant, and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

FEES FOR THE WINTER COURSE.

For course of Lectures	\$140 00
Matriculation	5 00
Demonstrator's fee including material for dissection	10 00
Graduation Fee	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the winter, the \$30 thus paid will be deducted from the price of the winter tickets.

For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

The Banning Truss and Brace Co.

New York.

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



The Improved Body Brace.

Abdominal and Spinal
Shoulder and Lung Brace.

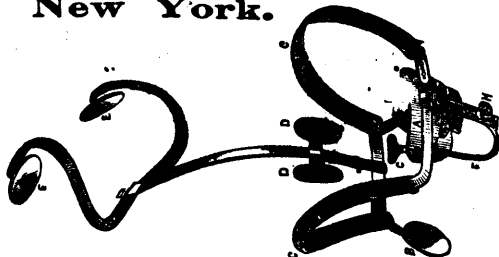


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

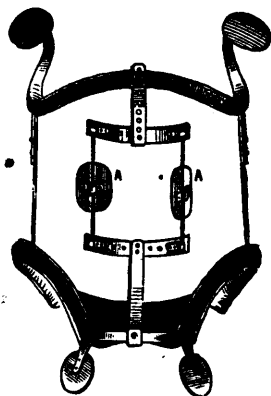
Improved Revolving
SPINAL PROP.

Fig. No. 19.

**SPINAL PROP
APPLIED.**

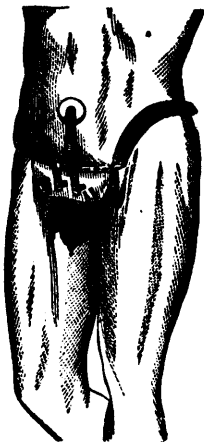
Fig. No. 14.

Improved Centripetal
SPINAL LEVER,



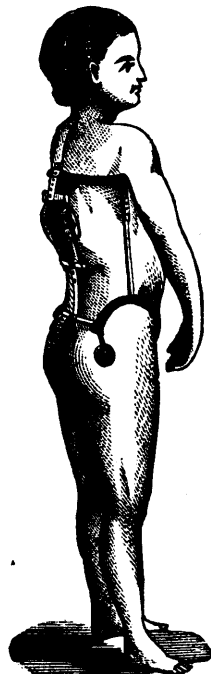
Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 12.

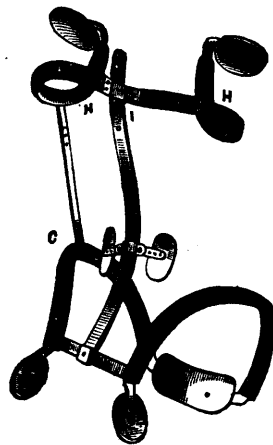


The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

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

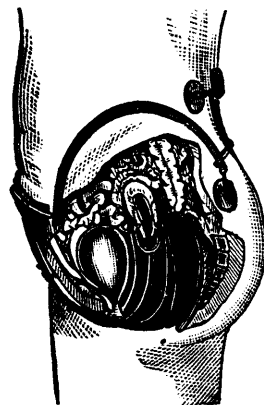


3d From each armpit to corresponding tip of hip bone.
4th Height of person. All measures to be in inches.
Measure over the linen, drawing tape measure moderately tight.



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

Fig. No. 7.



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

**Banning Truss & Brace Co's.
SYSTEM
OF
MECHANICAL SUPPORT.**

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

PRACTITIONERS

Report to the Medical Journals and to us that cases of

SPINAL DEFORMITIES

AND

UTERINE DISPLACEMENT

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

YIELD READILY

TO

Our System of Support.

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

No other office or Address.

Send for Descriptive Pamphlet.

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