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VOL. II.

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No. 7.

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<p>ATTFIELD (John).—Chemistry—General, Medical, and Pharmacopœia—including the Chemistry of the U. S. Pharmacopœia. 7th American from the 6th English edition. 12mo., pp. 668. Cloth, \$2 75; Sheep.....</p> <p>BARTHOLOW (Roberts).—Practical Treatise on Materia Medica and Therapeutics. 8vo., pp. 535. Cloth.....</p> <p>BRISTOWE (John Syer).—Treatise on the Theory and Practice of Medicine. Edited with Notes and Additions, by James H. Hutchinson, M.D. 8vo., pp. 1,100. Cloth.....</p> <p>BROWN (J. H. Balfour).—The Medical Jurisprudence of Insanity. 2nd Edition. With References to Scotch and American Decisions. 8vo., pp. 713. Cloth.....</p> <p>CARPENTER (William B.).—Principles of Human Physiology. A New American, from the Eighth Revised and Enlarged English Edition, with Notes and Additions, by Francis G. Smith, M.D. 8vo., pp. 1,083. Cloth.....</p> <p>DOBELL (Horace).—On Coughs, Consumption, and Diet in Disease. Edited by D. G. Brinton, M.D. 8vo., pp. 222. Cloth.....</p> <p>FOX (Tilbury).—Epitome of Skin Diseases; with Formulae for Students and Practitioners. 12mo., pp. 120. Cloth.....</p> <p>FREY (Heinrich).—Compendium of Histology. Twenty-four Lectures. Translated from the German, by Geo. R. Cutter, M.D. 208 Illustrations. 8vo., pp. 274.....</p> <p>GROSS (Samuel D.).—A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, the Prostate Gland, and the Urethra. Third Edition, Thoroughly Revised, by S. W. Gross, M.D. With 170 Illustrations. 8vo., pp. 574. Cloth.....</p> <p>HUXLEY (T. H.) and MARTIN (H. N.).—A Course of Practical Instruction in Elementary Biology. 12mo., pp. 279.....</p> <p>FOSTER (M.) and LANGLEY, (J. N.).—A Course of Elementary Practical Physiology. 12mo., pp. 244.....</p> <p>MEADOWS (Alfred).—A Manual of Obstetrics. From the Third London Edition. Revised and Enlarged. 8vo., pp. 484. Cloth.....</p>	<p>NAPIEY (Geo. H.).—Modern Therapeutics: a Compendium of Recent Formulae, Approved Treatment, and Specific Methods in Medicine and Surgery. With an Appendix on Hypodermic Medication, Inhalation, Aeration, and other remedial Agents and Therapeutic Methods of recent introduction. Fourth Edition. 8vo., pp. 609. Cloth.....</p> <p>ROSEBERG (Emil).—The Use of the Spectroscope in its Application to Scientific and Practical Medicine. 8vo. Cloth.....</p> <p>RICHARDSON (B. W.).—The Diseases of Modern Life, and the Science of their Prevention. Cr. 8vo., pp. 520.....</p> <p>HAMMOND (Wm. A.).—Spiritualism and Allied Causes and Conditions of Nervous Derangement. Illustrated. Cr. 8vo., pp. 386.....</p> <p>BEARD (G. M.) and ROCKWELL, (A. D.).—Practical Treatise on the Medical and Surgical Uses of Electricity. New Edition. Revised and Enlarged. Nearly 200 Illustrations. 8vo., pp. 794. Cloth, \$6 25; Sheep.....</p> <p>BIDDLE (John B.).—Materia Medica. For the Use of Students and Practitioners. Sixth Edition. Revised and Enlarged. With Illustrations. 8vo., pp. 435. Cloth.....</p> <p>DACOSTA (J. M.).—Medical Diagnosis. With special reference to Practical Medicine. Illustrated. Fourth Edition. 8vo., pp. 835. Cloth.....</p> <p>DALTON (J. C.).—Treatise on Human Physiology. For the Use of Students and Practitioners. Sixth Edition. Revised. 316 Illustrations. Pp. 825. Cloth, \$5 50. Sheep.....</p> <p>FLINT (Austin, Jr.).—Text-Book of Human Physiology, for the Use of Students and Practitioners. 316 Illustrations. 8vo., pp. 978. Cloth.....</p> <p>KUSSL.—Course of Lectures on Physiology. Illustrated. 12mo., pp. 520.....</p> <p>ROBERTS.—Students' Guide to the Practice of Midwifery. Cloth.....</p> <p>TANNER (Thomas Hawkes).—Memoranda of Poisons. 32mo., pp. 155. Cloth.....</p> <p>TYNDALL (Prof. John).—Fragments of Science. Fifth Edition. Revised, and greatly enlarged. Cr. 8vo., pp. 589.....</p>
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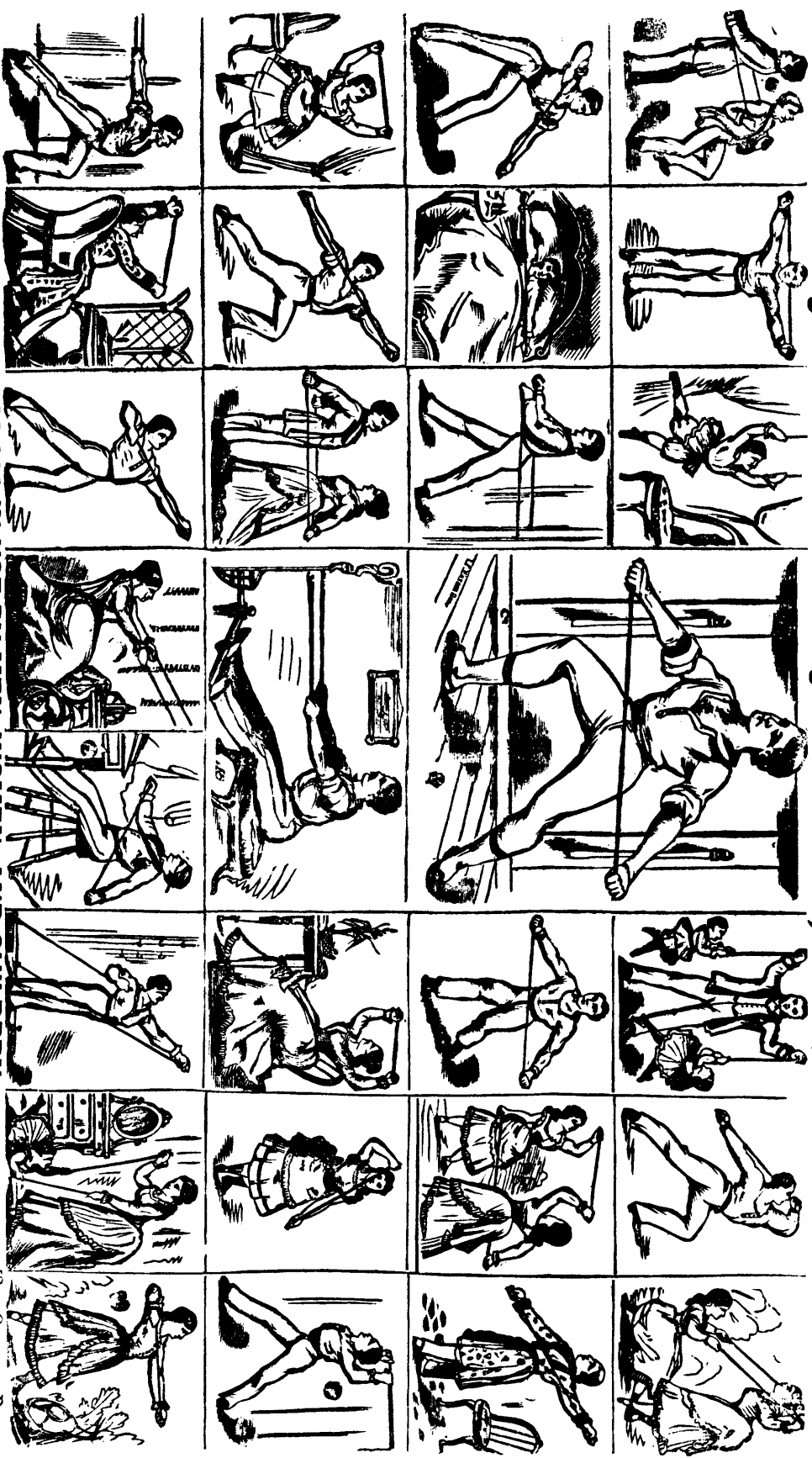
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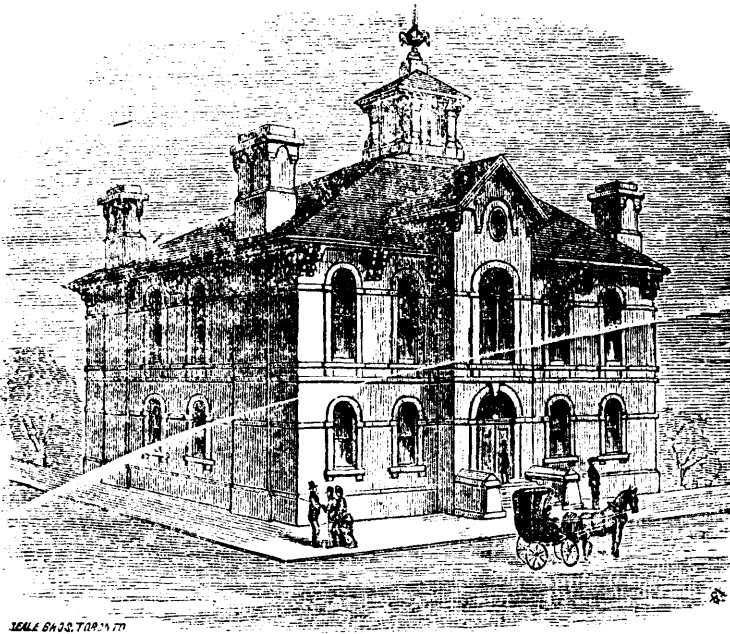


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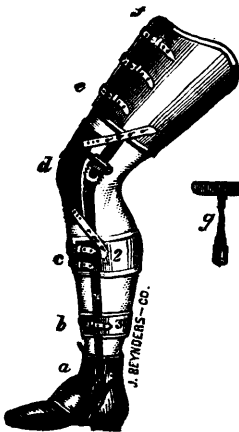
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EASES.**

BY J. M. MACLAGAN, M.D.

GENERAL DIRECTIONS.—I. When a case of infectious disease occurs in a house, immediate notice thereof should be given to the Medical Officer of Health or to the Inspector of Nuisances, and medical advice at once procured.

The following precautions should be taken :

1. Isolate the person affected as much as possible from the other inmates of the house.

This is most readily effected by at once removing him to an upper room, if circumstances permit. The room selected should be large and airy, and the means of ventilating it, which shall be presently mentioned, at once adopted.

2. Before removing the patient, the following preparations ought to be made in the room :

All superfluous curtains, carpets, woollen articles, unnecessary clothing—in short, everything likely to retain infection should be at once removed.

3. The patient's bed ought to be so placed as to allow of a free current of air around it, but not so as to place it in a draught.

4. The room must be kept well ventilated, under the physician's direction, by means either of a fire (when required) or of an open fireplace and chimney, and of windows opening to the external air. By means of the latter, ventilation is most effectually procured, so as to avoid draughts, in the following manner :

Raise the lower sash of the window three or four inches, then procure a piece of wood made

to fit accurately into the lower opening, and place it there. By these means free outward and inward currents of air—without causing any draughts—are obtained through the vacant space between the two sashes. When a window is merely opened from the upper or lower sash, draughts are invariably caused.

5. Placing a small sheet of oil-cloth, mackintosh, or other waterproof material, beneath the upper blanket on which the patient is to rest, effectually prevents the bed from being soiled by any discharges, etc.

II. After removal of the patient to the room in which he is to remain, the outside of the door and door-posts should be completely covered by a sheet kept constantly wetted with some disinfecting fluid, such as Burnett's solution, Condy's fluid, carbolic acid, etc.

2. The room must be kept scrupulously clean. Before being swept, which should be done daily, if possible, the floor should be sprinkled with Calvert's or Macdougall's disinfecting powders, or with a weak solution of one of the disinfecting fluids already mentioned.

3. Vessels containing disinfecting fluids should be placed in the room for the reception of all bed and body linen, towels, handkerchiefs, etc., immediately on being removed from the patient, and on no account should they be washed along with other household articles.

4. Disinfectants should also be placed in all the chamber utensils used by the patient, and after use, more disinfecting fluid should be added, and the whole contents, if possible, should be immediately buried. No chamber vessel should be allowed to remain in the room after having been used.

5. All plates, cups, glasses, etc., which have

been used by the patient, should be rinsed in some disinfectant before being washed; and on no account should any vessels used in the sick room be washed along with other things, unless previously thoroughly disinfected.

6. Attendants on the sick should not wear woollen dresses, but only those made of washing materials.

7. Basins containing water, to which some disinfectant has been added, should always be at hand for the benefit of the attendants on the sick, who should not be sparing of their use.

8. No article of food or drink from the sick room should be consumed by other persons.

9. Visitors to the sick room, except in the case of clergymen and medical men, should be peremptorily forbidden; and they, when necessarily present, should, on leaving, wash their hands in water to which a disinfectant has been added, and should have as little immediate communication with others as possible.

III. When a death from infectious disease occurs, the body should be at once placed in a coffin, and sprinkled with some disinfecting fluid or powder such as chloride of lime, etc., and buried with the least possible delay.

2. On no account whatever should it be allowed to remain in a room occupied by living persons.

IV. On the termination of a case of infectious disease, either when the patient is pronounced free from infection, or, in the event of death, after removal of the body, the sick room and its contents should be thoroughly cleansed and disinfected.

2. The bed and bed-clothes, and all wearing apparel used by the attendants or patient, should be thoroughly disinfected.

V. In houses where a case of infectious disease occurs, no washing, tailoring, dressmaking, or any similar occupation, ought to be carried on.

2. No milk or food of any kind should be supplied from infected houses.

3. Children from infected houses should not be allowed to attend schools, and all persons from infected houses should have as little communication as possible with others either in private houses or in public places, such as railways, omnibuses, public-houses, churches, etc.

4. Any accumulation of filth or refuse of any kind should be at once removed from or about the premises, and disinfectants freely used. If this cannot be done by the persons themselves, immediate notice should be given to the Inspector of Nuisances.

5. The existence of nuisances of any kind, and wheresoever situated, should be at once reported to the Inspector of Nuisances.

VI. During the prevalence of epidemic, infectious or contagious diseases, it becomes specially important that the general laws regarding the preservation of health should be rigidly attended to.

2. Implicit trust should not be placed in so-called "disinfectants." They are very useful when judiciously employed, but are by no means certain "preventives of disease."

3. Pure air, pure water, warm clothing, and good food should always be obtained if possible. By their constant use less chance is afforded for an invasion of disease.

4. Temperance both in eating and drinking is essential for the maintenance of health and the prevention of disease.

5. Over-crowding in houses, workshops, or schools should be strictly prohibited.

6. All houses, cottages, schools and public rooms should be kept clean and well ventilated; and frequent use of lime-washing on the walls and ceilings should be made.

SPECIAL DIRECTIONS.—I. Scarletina and scarlet fever are one and the same disease. It is very infectious. A very mild case may give rise by infection to a very severe one. Infection is contained in all discharges from the body during the progress of the disease and recovery; but more especially from the skin during convalescence, and when the cuticle is being shed. The dry particles which are separated from the skin are highly infectious, and retain their infectious nature for an unknown time, unless thoroughly disinfected. They are disseminated through the air, and become attached to articles of furniture, clothing, draperies, and wall papers, etc. Thus the disease may readily be conveyed from one person to another by those who are not themselves suffering from it. It is also conveyed, as has been mentioned, by bedding, clothing, furni-

ture and other articles, and by rooms which, having been exposed to infection, have not had their floors, ceilings, or walls disinfected, or had the wall papers removed.

No child should be permitted to go to school from an infected house, and communication of such in play or otherwise with healthy children should be prevented.

When a person has had the disease, he should not be permitted to mix with others until he has perfectly recovered and has had his clothes thoroughly disinfected; and not even then without the permission of his medical attendant. Nor is it advisable that any one who has had the slightest communication with a person suffering from the disease should go to any church, meeting, public-house, fair, or market, etc. Neglect of these precautions is a prolific cause of the spread of this disease.

Attendants on persons suffering from scarlatina should be chosen, if possible, from those who have already had the disease.

"It is believed that the dispersion of contagious dust from the patient's skin is impeded by keeping his entire body (including limbs, head and face), constantly anointed with oil or other grease; and some practitioners also believe this treatment to be of advantage to the patient himself. When the patient's convalescence is complete, the final disinfection of his surface should be effected by warm baths, with abundant soap, taken on three or four successive days (under the direction of the medical attendant), till no trace of roughness of the skin remains. After this process, and with clean clothes, he may be deemed again safe for association; but previously to this, however slight may have been his attack, he ought always be regarded as dangerous to persons susceptible of scarlatina."—Mr. Simon, Medical Officer to Privy Council.

II. SMALL-POX.—Infection from this disease is contained in all matters passing from the patient—in the breath and from the skin, in the matter contained in the "pocks," and in the dried scabs of the latter.

Vaccination, carefully and efficiently performed, is the only means of preventing or modifying this disease, and by it an almost certain immunity from death by this disease is

conferred. No doubt cases do occur after vaccination, but they are milder in character than those occurring in the unvaccinated. After several years' interval re-vaccination ought to be had recourse to; and whenever the disease is present as an "epidemic," every person should be vaccinated, whether he has been so previously or not; and at such times all unvaccinated children, whatever may be their age, if in a fit state, should be vaccinated without any delay.

There is nothing which has been more certainly proved than the fact that vaccination saves annually thousands of lives, and therefore no attention ought to be given to those ignorant and foolish persons who are constantly circulating absurd ideas regarding it.

Persons attending on patients suffering from small-pox, should themselves have had the disease, or should recently have been re-vaccinated.

III. ENTERIC (*Typhoid or Gastric*) FEVER.—The mode in which infection is chiefly spread in this disease is by the poison contained in discharges from the patient's bowels, and lasts certainly as long as these discharges continue to be unnatural. It is believed, however, by some, that this disease is infectious in other ways. These discharges infect the surrounding air, the bed and body linen, and also all places used for their reception. Thus, if placed in a water-closet, cesspool, drain, privy, or ashpit, the sewers of a town or village, and through them the drains of houses may, under certain circumstances, be the means of disseminating the disease. When drains into which these discharges have been thrown pass near to wells, the water contained in the latter has frequently been found to be perfectly unfit, indeed, dangerous to use. By faulty construction of such drains, soakage is frequently caused either into wells or into the surrounding ground, rendering them directly the means of spreading the disease. Cisterns may become contaminated by having their overflow pipes terminating in drains; and even water supplied by a water company may become infected by gas being drawn into defective pipes during an intermittent supply.

Milk has frequently been found to be a fruitful medium for conveying the disease, either

from having been placed in infected air, from which it has absorbed the poison, or from milk-pails having been washed, or the milk adulterated, with water containing the infection.

Great care should therefore be taken as to the source of the household milk supply.

The most certain and most deadly manner in which the poison of enteric fever is conveyed is by contaminated drinking water. The most certain way of preventing this contamination of water is by immediately destroying the poison contained in the discharges as soon as they are passed by the patient.

Disinfectants should be placed in the chamber utensil before use; and immediately after being used more disinfectant should be added. Above all things, the use of disinfectants should be frequent and copious.

The patient ought also to expectorate into a vessel containing some disinfectant.

All sheets, towels, handkerchiefs, etc., which have been used by the patient should be thoroughly disinfected, and afterwards carefully washed.

In all cases of infectious disease, it may be as well that the patient use rags or pieces of old linen, etc. (in lieu of pocket-handkerchiefs), which may afterwards be buried.

When the bed or body linen is soiled, the soiled spots should be sprinkled with some disinfectant powder.

A small sheet of gutta-percha, mackintosh cloth or other waterproof sheeting, placed below the upper blanket under the patient's body, effectually protects the bed from discharges, and is especially useful in this disease.

After the performance of any duty about a patient, the attendants should wash their hands freely in disinfected water.

The discharges should never (if it can possibly be avoided) be placed in a privy or water closet, but should, after complete disinfection, be buried deeply in the ground, at a distance from any drain, well, or watercourse. On no account should they be thrown on to any ashpit or dunghill, nor into any cesspool.

IV. OTHER INFECTIOUS DISEASES.—It is quite unnecessary to prescribe special rules for the prevention of the spread of typhus fever, measles, diphtheria, whooping cough, etc. The

general directions given are sufficient guides as to what is necessary in cases of those diseases. Many recommendations might be made regarding them, but these belong more to the duties of the medical attendant than to the Medical Officer of Health, and therefore are omitted here.

DIRECTIONS FOR DISINFECTING ROOMS.—Rooms which have been occupied by a person suffering from infectious disease should, on the termination of illness, be at once disinfected. To effect this thoroughly, all crevices round windows and doors and the fireplace should be closed by pasting pieces of paper over them. Lumps of sulphur (brimstone), one pound for every thousand cubic feet of space, should then be put into a metal dish, placed by means of tongs over a bucket of water. This being set fire to, the doors should be closed, and the room should be allowed to remain without interference for three or four hours. After this time the windows should be thrown open, and when the fumes have disappeared, all the woodwork and walls should be thoroughly washed with soft soap and water, to which carbolic acid has been added (one pint of the common liquid to three or four gallons of water), and the paper from the walls stripped off. In whitewashed rooms the walls should be scraped, and then washed with hot lime, to which carbolic acid has been added. The windows should then be kept open for thirty-six or forty-eight hours.

DIRECTIONS FOR DISINFECTING CLOTHING.—The best mode of effecting this is by the agency of great heat, and when this is possible no other plan need be tried. Unless, however, there are places built on purpose, this agency is hardly procurable. Failing this, boiling clothes in water to which some disinfectant has been added should be employed. Carbolic acid, one part of pure, or two parts of commercial acid to one hundred parts of water, is sufficient.

Woollen clothing cannot be treated in this manner, but must be exposed for some time to the fumes of sulphur, and afterwards freely exposed to the action of the sun and wind. Other methods of disinfecting linen and other washing materials may be used.

One gallon of water containing two ounces of

chloride of lime, or one fluid ounce of the solution of that substance or of Condy's fluid, or four ounces of common carbolic acid solution, may be used. In this the clothes should be steeped thoroughly, and afterwards placed in boiling water, or simply boiled. If Condy's fluid be used, the clothes should be merely immersed, and not allowed to remain for any time, otherwise they will be stained, but they must be rinsed in clear water. If any other disinfectants can be readily had, it is better not to use Condy's fluid for this purpose.

DIRECTIONS FOR DISINFECTING DISCHARGES OF PERSONS SUFFERING FROM INFECTIOUS DISEASES.—There are several disinfectants which may be used for this purpose.

1. Two pounds of sulphate of iron (copperas or green vitriol) dissolved in one gallon of hot water, may be used either hot or cold.

Half a pint or so of this solution should be placed in all chamber vessels likely to be used by the patient when empty, and the same quantity should be poured over the contents after use.

2. Quarter of a pint of Calvert's liquid carbolic acid in one gallon of water may be used in the same manner.

3. A like quantity of Sir William Burnett's disinfecting fluid, or,

4. Of Condy's fluid may be similarly employed.

DIRECTIONS FOR DISINFECTING THE HANDS OF ATTENDANTS.—After any duty connected with a patient suffering from infectious disease, the hands of attendants should always be put into one of the above solutions, prior to being washed in clear water.

DIRECTIONS FOR DISINFECTING PRIVIES, ASHPITS, WATER-CLOSETS, DRAINS, OR ANY OFFENSIVE PLACES.—Two or three pounds (according to circumstances) of sulphate of iron (copperas or green vitriol) dissolved in a gallon of water, may be thrown into the place requiring disinfection, in quantities of one quart or upwards, according to the necessities of the place, and repeat it so long as offensive odours exist.

Carbolic acid, Burnett's solution, Condy's solution, Calvert's or McDougall's powders, and Cooper's patent salts (the latter are inexpensive

and not dangerously poisonous disinfectants), may all be used either separately or in conjunction for this purpose. All these articles when sold have full information regarding the quantities necessary for different purposes given with them.

It must be remembered that most of these disinfectants are very poisonous, therefore great care in their employment must be taken. They should be kept entirely out of the reach of children, should not be put into bottles or receptacles generally used for other things, and should invariably have a "poison" label attached.

With regard to the employment of disinfectants, it should be distinctly understood that they are merely aids in preventing the spread of infectious diseases, and that they must not by any means be entrusted to entirely for that purpose.

In the event of sewer gas, continued offensive odours or constant sickness occurring in a house, proper workmen should be obtained in order to see if any structural defects exist in sinks, drains, water-closets, privies, etc. If such should exist disinfection merely will be of no avail.—*The Sanitarian*.

DOES ERGOT TEND TO PRODUCE ABORTION ?—This important medico-legal point was discussed recently by the Obstetrical Society of Edinburgh. Dr. Keiller stated that it was generally supposed that it would produce abortion, but he thought this was doubtful. He referred to a case in which a medical man was accused of giving ergot in early pregnancy for the purpose of inducing abortion, premature labour having subsequently come on, causing the death of the female. He was asked to investigate the case, and to state his opinion as to the possibility of ergot bringing on the labour. The defence was that sarsaparilla was given, and not ergot. Chemical analysis having failed to detect the difference between the two drugs, the case fell to the ground. On the whole, his experience taught that, in early pregnancy, ergot did not act with sufficient power on the uterus to produce abortion. In the latter months, when the muscular fibres were developed, and in labour, when the fibres were prepared, or were already contracting, he had no doubt of the power of ergot in stimulating contraction, and thereby greatly facilitating the emptying of the uterus and diminishing the tendency to post-partum hæmorrhage.—*Reporter*.

CARDIAC DULNESS ENLARGED—
PERICARDIAC FRICTION MUR-
MUR—TREATMENT—RECOVERY.

REPORTED BY JOHN W. MARTIN, M.D.,

Late Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw,
Ireland.

M. B——, æt. 17, previously a strong healthy girl, a factory operative, came under my observation, March 15th, 1876. On Sunday, February 27th, in the course of a long walk to visit some relations, she was exposed to cold, and received a severe wetting. The following Wednesday, March 1st, she was attacked with a violent headache and severe cough, unattended by expectoration, and during the ensuing night had well-marked rigors, accompanied by severe febrile disturbances. These symptoms abated towards morning, allowing her to continue at work. Next day felt a pain in the region of the heart, and found great difficulty in going up or down stairs, the exertion producing dyspnoea. She neglected seeking advice until the date of these notes. At my first visit complained chiefly of the violence of the headache, and of the pain in the region of the heart. Surface of body hot, dry, and pungent to the touch. Face flushed. Bowels constipated; her tongue presenting a foul appearance, being thickly coated with a heavy white fur. There was no tenderness over the cardiac region. Heart's action excited; its impulse greatly increased in strength, and accompanied by strong fremissement. The area of dulness measured 3 x 3 inches from the upper border of the fourth rib on the left side, and from the middle of the sternum, opposite the fifth intercostal space, over towards the left mammæ. No special tenderness over the præcordium. Both sounds of the heart present, but altered in character. They were equalised in length, *the first* being indistinct and masked by a loud systolic friction bruit, which was widely diffused over the whole area of the heart's surface from the apex to the base; *the second*, short and greatly accentuated. A careful examination of the chest demonstrated a flattening of the percussion note throughout, but no absolute dulness. Respiratory sounds were roughened and tubular, there were no rales. She was troubled with a hard cough, unattended by expectoration.

Pulse 120, full and hard. Urine abundant, clear, and high coloured. She has never suffered from illness, with the exception of attacks of rheumatism, to which she is very susceptible. The medical history of her family good. I ordered hot turpentine stupes to be applied over the chest, to be followed up with linseed poultices frequently repeated.

R Potass. bicarb., ʒij. ;
Tr. aconiti, ʒj. ;
Syrupi, ʒj. ;
Aqua ad, ʒviiij. m

Two tablespoonfuls to be taken every fourth hour.

March 16.—Slight improvement in her general condition; special symptoms much as before. Removed to hospital. Treatment continued.

March 17.—Skin cool; free from pain or cough; slept well. Temperature, 98.3; pulse, 112, and firmer. General condition much improved. The area of cardiac dulness unchanged; heart's action stronger; *first sound* gaining strength; the *second*, strongly accentuated; friction bruit very loud and distinct over the whole surface of the heart, specially towards the apex. The physical signs of consolidation or congestion—viz., dulness, tubular respiration, loss of the vesicular murmur, and increased distinctness in the enunciation of the voice sounds present in the clavicular and sub-clavicular, the scapular, and inter-scapular regions. Urine passed in abundance, clear, and high coloured. Bowels regular.

Turpentine stupes and hot linseed-poultices ordered to the back of her chest.

R Potass. iodide, ʒj. ;
Tr. digitalis, ʒij. ;
Tr. cinchonæ, ʒjss. ;
Sp. am. arom., ʒij. ;
Infusi cinchonæ ad, ʒviiij. m

Two tablespoonfuls to be taken three times a day.

March 20.—Improving; *crepitus reduæ* heard in the affected portions of the lungs. Heart symptoms improving. Able to get out of bed. Changed the turpentine stupes and poultices for frictions with a stimulating liniment. Mixture continued.

March 23.—Tongue furred; bowels confined; urine depositing lithates freely; appetite variable; heart and lung symptoms much improved.

Pulse 96, full and firm. Directed a dose of castor-oil to be given, and changed the mixture.

R. Sp. am. aromat., ʒj.;
Potass. bicarb., ʒij.;
Infusi gentianæ ad, ʒviiij. *m*

Two tablespoonfuls three times a day.

March 31.—Convalescent. Area of heart dulness measured 2 × 2 inches in diameter; heart's action regular; impulse strong; both sounds normal; no trace of the friction murmur present. Lungs healthy; respiratory murmur restored to its proper vesicular character; percussion note everywhere resonant; voice sounds normal. Appetite healthy. Treatment continued.

April 1.—Discharged cured. Able to resume work.

In conclusion, I think the concurrence of accentuated second sound of the heart and the first appearance of the physical signs of complete consolidation in the affected portions of the lungs worthy of especial note as a clinical fact in the foregoing case.—*Med. Press & Circular.*

CLINICAL SOCIETY OF LONDON, ENGLAND.

Dr. Southey read notes of a case of Idiopathic Tetanus treated by Bromide of Potassium. The patient, a lad ten years of age, was admitted into St. Bartholomew's Hospital on Oct. 18th, having had symptoms of tetanus for eight days. There was a red military rash on the chest and abdomen. The spasms recurred at intervals of three minutes, commencing in the masseters, then involving the muscles of the neck and spine, and lastly, those of the limbs. Each fit lasted from fifteen to twenty seconds. In the intervals there was persistent rigidity of the jaw and neck. There was no sickness. The urine was passed in fair amount. The onset of the attack dated from a fright received on Oct. 8th, and on the 10th he had first pain and stiffness in the abdominal and cervical muscles. He was said not to have slept for eight days. He was placed in a ward by himself and put on a diet of milk and eggs, and prescribed ten grains of chloral and twenty grains of bromide of potassium. The next day the chloral was discontinued, and the bromide given in drachm doses every three hours. He had also a warm bath on this day, and for several hours was free from fits. On

their recurrence the warm bath was repeated, and on the 20th the bromide was increased to one drachm every hour and a-half. These large doses of bromide were continued with the best results for eight days, their administration being prolonged for some time after all attacks of spasm had ceased. The patient, who emaciated extremely, steadily recovered. Dr. Southey mentioned that this was the second case he had brought before the Society of successful treatment of idiopathic tetanus by bromide of potassium, when administered in sufficiently large doses. The quantity of urea passed by this patient, during the continuance of the tetanus, was observed by Mr. Pye, and was appended to the case. The largest quantity per diem amounted to 16 grammes, the smallest to 10·4 grammes; mean average 12·72 grammes. During convalescence, the largest amount observed was 18 grammes, the smallest, 10·66; mean average of four days, 13·54 grammes.—In reply to Dr. Yeo, Dr. Southey added that the patient showed no signs of bromism.

Dr. Southey also read notes of a case of Parenchymatous Nephritis, in which the anasarca was combatted by drainage tubes. The capillary drainage tubes and tiny silver cannula employed by him in the treatment of the general dropsy were exhibited by him. The canulas were scarcely larger than the ordinary subcutaneous injecting-needles, and were introduced by a fine trocar. They terminated with a little bulbous extremity, over which the capillary india-rubber tube was drawn after its introduction into dropsical limbs. A tiny thread and small piece of adhesive plaster sufficed to maintain the canula in the skin, and the connected drainage-tube was conducted below the patient and into a pan beneath the bed. The large amount of serous fluid which might thus be withdrawn in dropsical subjects from a single prick in each leg was quite surprising. The fluid continued to drop away for as many hours as the tube was retained *in situ*, and without any discomfort to the patient. No escape of fluid took place beside the canula. The whole was conducted outside the bed, and several pints usually thus drained away from highly dropsical subjects each twenty-four hours. The recommendations were manifold of this exceedingly simple and

cleanly method of relieving anasarca when this was extreme. 1. Instead of several needle-pricks, all of which were painful and likely to form troublesome sores and centres for erysipelas to depart from, one, or at most two—only one for each limb—were needed. 2. The skin round about the puncture was not macerated by the oozing serum, nor irritated by it. 3. The patient was kept dry and warm and clean in bed. 4. The relief obtained was more speedy as well as more thorough. 5. Should the escape of fluid prove too rapid and become attended by circulatory disturbance in the dropsical limbs, or by uraemic symptoms, the quantity drawn off could be easily regulated, controlled, or temporarily arrested, by a tiny clamp placed upon the tube. 6. The serous fluid, which in cases of renal anasarca contained very large amounts of urea, could be tested for this, and the quantity thus escaping be exactly ascertained. Thus, in the particular case brought forward by Dr. Southey, the average amount of urea which was thus excreted amounted to 4·7 grammes, or 72·50 grains for twenty-four hours. In point of fact, Dr. Southey had drawn off as much as fourteen pints of dropsical fluid in twenty hours from a patient by two such tubes; and, in answer to questions put to him, he was able to state that he had seen no inconvenience arise from the maintenance of the canula in the skin in the same situation for forty-eight hours; the prick-hole closed at once and without ulcerating when it was withdrawn; and it was his belief that this mode of treating extreme and unyielding anasarca, from whatever cause arising, would come to be very widely adopted. The whole apparatus was as simple as it was easy of application, and entirely efficacious.—In reply to Mr. Howse, Dr. Southey said that the calf of the leg was the best place for the puncture; and the cannula, which was provided with a bulbous extremity, remained in place in the cellular tissue. The instrument had been made for him by Mr. Ferguson.

The Society then adjourned.—*London Lancet.*

The wet blanket pack (hot) is highly recommended by Dr. Washington in the treatment of neuralgic dysmenorrhœa, cramps, etc.—*Ibid.*

TREATMENT OF PHTHISIS.

In looking through the very excellent work which Dr. Austin Flint has written on phthisis, and which is based on a history of 670 cases, we were struck with the propriety of one or two of the therapeutic agents which Dr. Flint strongly recommends in the treatment of this disease, and which are by no means so much appreciated as they ought to be. We allude to active out-door exercise and a liberal allowance of stimulants. Change of habits, he observes, from the indoor and sedentary to out-door and active, is more favourable than any other hygienic measure. He has also seen many cases in which alcohol in large quantities seemed to do good, and he says he has seen no instances of bad moral effects from the habitual use of stimulants in phthisis. He has seen cases where as much as a pint of whisky has been taken with benefit daily by a girl of eighteen. Dr. Flint is not very partial to medicinal treatment, an opinion which is shared by Dr. H. Bennet and other English writers; and he observes that in many of the instances in which the arrest of the disease, partial or complete, took place, there was no medicinal treatment worth mentioning. He is also of opinion that the benefits derived in a large proportion of cases from change of residence are due more to incidental circumstances than to any climatic agency. The great efficacy of active out-door exercise, when it can be taken, is too well known to require any comment from us; but the propriety or not, of giving stimulants, is another question, especially at a time when total abstinence is so thrust upon our attention both in health and disease. We certainly should not like to administer whisky, even to a Scotchman, in the heroic doses above mentioned, but the evidence in favour of a liberal allowance of some spirit, or of some malt liquor—such as Guinness's stout—in some forms or stages of phthisis is too strong to be easily disposed of. We can call to mind several instances in which the free administration of alcoholic stimulants has had a marked effect in retarding the progress of phthisis, and no doubt there are many practitioners whose experience has led them to form a similar favourable opinion of them.—*Med. Press & Circular.*

THE MECHANICAL TREATMENT OF RHEUMATIC FEVER.

An article by Dr. Franz Riegel, of Cologne (*Archiv für Klin. Medicin.*, Heft. v., s. 563-90), in which, *inter alia*, a resume is given of all the chief therapeutic methods which have been proposed of late years for the cure of acute rheumatism (and their name is legion), is interesting for its advocacy of a method from which internal remedies are entirely excluded—namely, the fixation of the rheumatic joints by means of splints. This method was first recommended by Sentin and Gottschalk in 1845, and more recently Concati and Tamburini (*Rivista Clin. di Bologna*, 1872), and in Germany Heubner (*Archiv der Heilkunde*, 1871), and Oehme (*Archiv der Heilkunde*, 1873) have spoken strongly in its favour, as giving the best results of any treatment in acute rheumatism. Heubner's verdict was to the effect, (1) that the pains were less severe than under any other system; (2) that the fever abated earlier, and (3) that the sweats were undoubtedly less annoying than under other kinds of treatment. Dr. Riegel's experience is founded on forty-one cases of acute rheumatism with multiple joint affection, which he treated consecutively in the Municipal Hospital at Cologne. It should be specially remarked that the splints were only applied, as a rule, to those joints which were most swollen and most painful; the other joints were either simply wrapped in cotton-wool, or had some narcotic liniment applied to them. No medicine was given internally. The apparatus used consisted of pasteboard splints thickly lined with cotton-wool, and attached in the ordinary way by means of straps or bandages. Each joint had two pasteboard splints applied to it; those for the knee, for example, being thirty-six centimetres long, and about sixteen centimetres broad, with a piece cut out in the middle of both, so as to adapt them better to the form of the joint, the knee being kept in an extended position. Before application the pasteboard was always wetted, to make it fit better. Dr. Riegel lays the greatest stress on the lining of the splints with wadding, for the latter must always be used in *very thick layers*, so as to render the pressure as even as possible over the whole joint. As it was found very difficult to apply

splints to the hip and shoulder joints, they were only thickly covered with wadding, and fixed as far as possible with bandages. The results of this treatment were, briefly, as follows:—1. The application of the splints immediately relieved even pains which were previously most agonizing; and, as a rule, in all cases immediate relief was felt, and continued as long as the joint was bandaged. 2. It was found that the bandage must be allowed to remain on the joint, provided it is properly adapted, for several days after all the pain has completely ceased; and, if possible, it should stay on until the patient's general state, as well as his temperature, have become normal. It is better to let it stay on too long than too short a time. Quite exceptionally, Dr. Riegel has allowed it to remain fourteen days; on the average, it remained six to seven days. 3. The effect of this treatment on the temperature was less favourable than on the pain; in scarcely any case in which the thermometer was used throughout the whole course of the disease (as it was in some cases every two hours, day and night) was a marked fall of the temperature observed as an immediate consequence of the application of the splints; but, as a rule, unless there were complications or sudden relapses, the temperature gradually fell from the moment the apparatus was applied, and continued to do so until it became completely normal. 4. The fixation of the joints appeared to have no influence in preventing or modifying cardiac complications. In several cases the latter supervened while the joints were fixed, and after all pain had ceased. 5. The diminution of perspiration was not specially remarkable, though it seemed occasionally that the treatment exerted some slight influence over it.

It is scarcely fair to criticise a plan of treatment like the above without having had an opportunity of personally observing its various merits and demerits, but it seems *a priori* rather a cumbrous one for hospital uses, considering that it scarcely accomplishes much more than to relieve the patient's pains. We should like to know whether the application of the splints is not rather a painful operation, even though the after effects are so comforting. We are not sure that some patients would not resent such handling of their joints in a very outspoken manner, especially in private practice. Where opium, however, is contra-indicated, and pain is severe, the fixation system may well receive a trial.—*Medical Times and Gazette*, March 31, 1877.—*Clinic*.

Surgery.

CASE OF SCIRRHUS OF PROSTATE.

(Under the care of Dr. DICKINSON.)

Primary scirrhus of the prostate is so rare that the only other case with which we are acquainted was recorded by Mr. Adams in *The Lancet*, 1853, vol. i., p. 394. Some have even denied its existence, but the evidence of the occurrence of this condition cannot fairly be impugned. When cancer commences in the prostate, it is almost invariably encephaloid in character. Last year Mr. Butlin showed at the Pathological Society (see *The Lancet*, 1876, vol. ii., p. 574) a specimen of primary scirrhus of the bladder, but in this case the prostate was almost entirely unaffected. The subjoined notes of this case, for which we are indebted to Mr. A. Craigmile, M. B., house-physician, will therefore be read with great interest.

G. B.—, forty-seven years of age, a sailor, was admitted into the medical wards on Oct. 20th, 1876, suffering from chronic rheumatism. The pains in the joints soon passed off, but as he remained very weak, a more careful examination was made, and he then stated for the first time that he had pain and difficulty in passing water. He had had gonorrhœa a year before, followed by stricture, for which he had been treated by instruments. The perineum was hard and cartilaginous, and there were two fistulous openings there. The glands in both groins were considerably enlarged, especially on the left side, and all were of a stony hardness. On examination per rectum, a hardened mass was felt, corresponding in size and shape to an enlarged prostate, and so hard as at once to suggest scirrhus, especially when associated with such glands. No catheter could be introduced beyond the stricture, but as morphia suppositories were found to give him ease in making water and freedom from pain, no further attempt to cure the stricture was made. The other signs were those of persistent cystitis, and occasionally he passed blood. He got gradually weaker, and the cancerous cachexia became more marked. He died on the 12th of January, 1877.

The post-mortem appearances were the fol-

lowing:—The tissues at the base and sides of the bladder were all matted together and thickened. The prostate was about the size of a horse-chestnut, and when cut into had all the appearance of scirrhus. There were three glands lying along the right iliac vessels much enlarged and hardened. The bladder showed well marked signs of cystitis, both ureters were greatly dilated and thickened, and the kidneys were undergoing atrophy from the backward pressure of the urine; but all these changes seem to have been due to the stricture rather than to the disease of the prostate, since the prostatic portion of the urethra was of normal size, and the tumour did not seem to obstruct the outflow of urine. There was no appearance of cancer elsewhere, nor any other noteworthy change in any of the organs. Microscopic examination showed great dilatation of the tubes of the gland, with large collections of cells in them, as in ordinary glandular carcinoma, but there was exceedingly little infiltration of the muscular stroma, which seems to be characteristic, for Rindfleisch, quoting another authority, says it is confined to the glandular elements, and that the stroma remains passive. The enlarged glands were also cancerous when examined. The kidneys both showed well-marked interstitial nephritis.—*London Lancet*.

“SPONTANEOUS” CURE OF HIP DISEASE.—There was exhibited at a late meeting of the New York Pathological Society the head of a left femur, illustrating a spontaneous cure of hip disease, notes of which appear in the *Medical Record* of New York. It was removed from a boy eleven years of age, who had died of gastrointestinal disorder. The deformity of the hip presented the appearance of a dislocation of the head of the femur on the dorsum ilii. On examining the joint at the post-mortem, the muscles in its immediate neighbourhood were found well developed, the sinuses which had existed during the progress of the disease had entirely healed, and the bone itself presented no signs of actual disease. The head of the bone, however, was firmly fastened in the acetabulum; a portion of the caput femoris was entirely gone, the remainder being considerably eroded along its whole extent. The point of interest was the alteration of the relation of the head of the bone to the shaft, so that it assumed the position of a right angle. There was no dislocation present; but the alteration in the angle of the neck of the bone gave a general direction to the limb resembling that deformity. The disease of the hip dated from 1871.

CONGENITAL NÆVOID GROWTH OF THE CHEEK: OPERATION: CURE.

(Under the care of Mr. RIVINGTON.)

Rosina B., aged 9, was admitted into the London Hospital on April 12th, 1875. The patient's mother noticed a swelling on the temple the second day after the child's birth; it increased in size downwards, and enlarged so much, that it rested on the neck. After a time, it became smaller and again enlarged until she cut her teeth. At times, the tumour was painful. About four years previously, it became less and not so painful after an attack of bronchitis. The growth was distinctly lobulated. There were four separate masses; one under the zygoma, one below the orbit, a third in the cheek, and a fourth near the margin of the lower jaw towards the angle. The integument was natural in appearance. On the 26th, Mr. Rivington, who had pronounced the growth to be a congenital nævus partially degenerated, made an incision on the inside of the cheek, through the mucous membrane, with the intention of turning the whole of it out, if possible; but this proved to be impracticable, on account of the firm attachments. Moreover, the lobules were discontinuous. The portion of the growth, however, in the cheek was carefully dissected out without injury to any of the important structures adjacent to it. The fourth and lowermost lobule and the remaining lobules were punctured, giving exit to pent up venous blood, after which they collapsed. Considerable inflammation followed the operation. An abscess had to be opened and a drainage tube inserted. One or two sloughs came away. There was much constitutional disturbance, but both it and the swelling began gradually to subside. As soon as she was well enough, the patient was sent to the seaside. At that time, her cheek was not smaller than before the operation; but, as was anticipated, gradual absorption of the inflammatory infiltration took place, and, when (in November) she returned to the hospital to show herself, her cheek was so much smaller, that she might fairly be called cured, notwithstanding the remnant of fulness which was perceptible to a slight extent in the neighbourhood of the zygoma. She was in the hospital in November for an abscess in the buttock.

Examination of the mass removed showed clearly that it was a nævus undergoing fibrous degeneration.

REMARKS.—The diagnosis of imbedded nævus rests partly on the physical conditions, but especially on the fact that it undergoes sudden changes in size, swelling rapidly at times and then subsiding again. This was the early history of the present case; hence the diagnosis. That the nævus was degenerating, was inferred from the fact that it had for some time ceased to undergo these sudden alterations. It was thought by some that the tumours in the cheek were fatty, the characteristic symptom of the nævus being overlooked.—*Brit. Med. Journal.*

THE PASSAGE OF FOREIGN BODIES THROUGH THE INTESTINAL CANAL.—Mr. Denton's case of "a shawl-pin passed *per rectum*" (*Journal*, March 17th) induces me to record my experience of similar cases. The line of treatment adopted and the subsequent issue prove the practical value of non-intervention in such cases. Case 1 was that of a male lunatic who suffered from paroxysms of recurrent mania, with strong destructive propensities. One day he secreted a smoke-shade, a remnant of which was afterwards found in his possession. In a few days, there were symptoms of anal irritation, and he was observed to use his fingers for the purpose of extracting bits of glass. In the course of three weeks, five hundred of these, all more or less angular, and some, strange to relate, over two inches long and finely-pointed, were passed *per rectum*. The passage of the larger pieces gave rise to excruciating pain, and the patient, who ate very little during the time, was allowed to remain in bed and have an opiate. The other cases, two in number, were boys, one of whom swallowed a halfpenny and the other two penny pieces. Rest was the only treatment enjoined, the result being the appearance of the halfpenny in one week, and of the larger coins at the end of three weeks. Beyond the fright there was no inconvenience in the latter cases. The first case is a good illustration of the conservative efforts of Nature, and all three demonstrate the good effects of non-interference; indeed, to excite the peristaltic action of the intestine by giving purgative medicine, especially in the presence of sharp bodies, must be fraught with danger to the integrity of the intestinal tube. Rest, therefore, with or without an opiate, would seem to be the proper treatment.—ALEXANDER MCCOOK WEIR, M.D., etc.—*Brit. Med. Journal.*

STRANGULATION OF THE MUSCULO-SPIRAL NERVE.

Dr. Alexander Ogston gave some details regarding the case of a young lad who had compound fracture of his left humerus about the middle of the bone, the muscles being much torn and bruised. He stated that Dr. Edwards of Stonehaven first saw the case, and put up the arm as usual; and that the case progressed satisfactorily, the limb becoming able to perform its functions, although the soft parts seemed more bound down than usual. Soon, however, the extensor muscles of the forearm became wasted, the flexors continuing as before, and sensibility remaining perfect over the whole limb. The extensors after a little almost disappeared, and the limb became useless. At this stage, Dr. Ogston first saw the case in consultation; and, after considering all the circumstances, it was thought advisable to cut down on the musculo spiral nerve to try to discover its condition. A long incision was made, and the upper part of the nerve was found disappearing into the substance of the humerus at the seat of fracture, and reappearing at the other side of the fractured part lower down. The bone was cut into carefully, and the nerve was found lying right through the medullary cavity of the humerus unbroken, but reduced by pressure to about one-third of its natural size. It was lifted out and attached to the triceps by catgut sutures. The case was still under observation; and Dr. Ogston would report on it at a future period. Since the operation, there had been no increase in the power of motion of the extensors of the arm. Galvanism had not been tried, but was to be resorted to. In conclusion, he remarked on the different effects of strangulation of nerves. Sometimes intense pain and paralysis were both present; sometimes pain alone was the urgent symptom; and occasionally there was paralysis without pain.—*Brit. Med. Journal.*

The repetition of prescriptions containing drastics, emetics, diuretics, emmenagogues, opiates, or other powerful agents, is prohibited by a law recently passed in Germany. These can only be refilled at the express direction of the physician first prescribing them.

PRICKLY HEAT.—*To the Editor of the Lancet.*
—SIR,—I should like to bring before the section of the profession practising in tropical climates the following powder as a cure for that troublesome skin disease, "prickly heat." I used to suffer myself dreadfully, and tried all the supposed remedies, without deriving any apparent good. Some, as carbolic acid, appeared to produce intolerable itching at night. Lately I have seen the local application of sulphate of copper recommended. The powder has the following percentage composition:—

Sulphur sub.	...	...	...	80
Magnes ox.	..	...	...	15
Zinci ox.	...	..	...	5
				100

To be used morning and evening in the following way:—The dry powder being on a plate, a wet sponge is pressed down on it, and a certain quantity will adhere; this is firmly rubbed on the parts affected, fresh moisture and powder being from time to time supplied, the application being continued ten to fifteen minutes each sitting. The parts are then washed clean of the adhering particles. I have never seen the worst cases last beyond four or five days. So complete would the cure be that it would be impossible to say if the person ever had the disease. No smarting attends its use, and after the first application itching is practically at an end. Also in that form of prickly heat resembling urticaria it effects a perfect cure, and the powder used once or twice a week as described will keep the skin in a perfect condition. I expect the sulphur acts as stimulant, the magnesia as stimulant neutralizing the free acid of the sweat, and the oxide of zinc as astringent. Be that, however, as it may, its effects on the skin are certainly remarkable, and I should like to hear of success attending its use.—I am, sir, yours &c., HENRY LEVINGE, A.B., M.B., Surgeon, R.N. H.M.S. *Topaze*, Jan. 25th, 1877.

Eight cases of transfusion were lately performed in one of the Philadelphia hospitals, in five of which the results were highly satisfactory. In one case a very low stage of puerperal fever, the pulse was reduced from 160 to 120 per minute in a short time. From ten to twelve ounces of defibrinated blood is generally injected.

Midwifery.

RUPTURE OF A UTERUS BY MOLESWORTH'S DILATORS.

At a recent meeting of the Obstetrical Society of Philadelphia, Dr. Albert H. Smith presented a uterus which had been ruptured at the fundus during dilatation with a Molesworth dilator, and read the following history, prepared by one of the attending physicians:—

"Mrs. H., aged twenty-six years, was delivered of her third child, December 21, 1875, after a prompt and easy labour. She made a good recovery, but was obliged to resume the care of her family at an early date.

"Menstruation occurred in the early part of April, 1876; was not repeated in May. About the first of June she made complaint of bearing down and weakness, for which rest was enjoined, with the use of tonics and a Hodge pessary.

"On the 12th it was found that she had been having discharges of blood in coagula for three or four days, accompanied with pain as of labour. The os was patulous, and the cervical canal filled with shreddy masses having the appearance of deciduous, or even placental tissue.

"Rest in bed relieved in a measure the tendency to discharge, but its recurrence followed any exertion. This, together with an apparently enlarged condition of the uterus, confirmed the first impression of an incomplete abortion, and seemed to warrant a dilatation of the os, for the purpose of removing any remaining substance. The attempt was made with Molesworth's dilators, each tube being wrapped about one-half its length, so as to operate upon the cervix only. The os yielded with less ease than is commonly observed after an abortion, but, in time, became sufficiently open to permit the introduction of the finger. A prominence found near the fundus was supposed to be placental tissue. Under this impression, and with the desire to spare the patient further risk of hæmorrhage, or a repetition of manipulations, the No. 3 tube was again introduced and carefully distended. Some resistance was realized in withdrawing it, and on its removal it seemed pouched at the end, as though that part only had been distended.

With consternation it was discovered that the uterine wall had been ruptured, so that the finger was brought in direct contact with the lumbar vertebrae. The patient, still partially under the influence of ether, sank into a profound prostration, in which immediate death seemed inevitable. She rallied, however, under vigorous stimulation, and lived nearly four days, passing through the ordinary symptoms of metro-peritonitis."

Dr. Smith had seen the case in consultation on the day after the rupture, when the patient presented all the evidences of approaching death from peritonitis. The accident happened under the hands of two very careful and conscientious practitioners, and the specimen is brought forward, not as the result of carelessness or of reckless trifling with the life of a patient, as the condition which predisposed to the accident could not have been diagnosticated. The specimen was submitted for examination to Dr. J. Gibbons Hunt, who found that the uterine tissue was occupied around the seat of rupture with a sarcomatous mass, about the size of a small walnut. Against this the sudden pouching of the dilator had driven it with so much force that the tissues gave way, and the opening into the abdominal cavity followed. The instructive lesson to be drawn from this case is, firstly, the necessity of testing thoroughly, before each insertion, an instrument of such immense dilating power as this possesses, and so likely to do damage if it should give way unexpectedly while in the uterus. Secondly, and especially, the danger of rapid dilatation in cases of unrecognized degeneration of tissue. Here the cervix was soft and healthy. The history of the patient and the careful examination of the uterus led the operator altogether away from the suggestion, of malignant disease or of any morbid growth whatever, and there could scarcely be presented a condition of things apparently more favourable for rapid expansion of the cervix. When we have a means so safe as the sponge-tent, or, in cases of slow dilatation, requiring frequent repetitions of the operation, so perfectly unobjectionable as the sea-tangle, we should certainly hesitate about using such an instrument as Molesworth's, except in cases free from any doubt as to the condition of tissues.

Dr. Morris considered Molesworth's dilator a most valuable one, but it is not free from objections and imperfections. Having longitudinal folds, and the closed end being unyielding, the tape wrapping can be so arranged as to locate exactly the distending power. In this case the unwrapped portion had been pressed too far into the cavity of the uterus, and had exerted its force on the walls of an organ already undergoing sarcomatous degeneration, and this latter was the real cause of the accident. He preferred air to water as the distending agent.

Dr. Goodell had always felt afraid of Molesworth's dilator, and, although possessing one, had never used it. He considered that the sarcomatous degeneration had rendered the uterus friable. Probably, in this instance, the bulge of the dilator being partly above the internal os, the instrument had, from its cone-like shape, slipped further in and pressed against the fundus with a force that the diseased tissues could not resist.

Dr. Smith disclaimed all intention of speaking against the Molesworth dilator. We cannot compare it with Barnes' dilators, because the latter are not applicable to dilatation of a non-gravid uterus, nor of an os uteri long contracted after the expulsion of a fetus in abortion. There is not power enough in the bags to make any appreciable impression during a length of time in which it would be feasible to keep up the use of the dilator. He found air entirely inefficient in dilating the tubes, although the syringe was filled several times and its contents forced into the tubes. There was danger, in case of rupture of the instrument, of air finding its way into the uterine sinuses. When using water the dilation does not begin at the exact point where the wrapping ceases—a margin should always be allowed.—*American Journal of Obstetrics*, April, 1877.

Dr. Lett, who leaves for the Toronto Lunatic Asylum, as assistant physician in place of Dr. Metcalf, has been presented with an address by the Medical Association of London, expressing regret at his departure from among them. Dr. Metcalf takes Dr. Lett's place in London.

APPLICATION OF FORCEPS IN HEAD-LAST PRESENTATION.

BY EUGENE P. BERNARDY, M.D.

Is there more danger to the child in having the after-coming head delivered with the *forceps* or by *powerful traction* made upon the body of the child? Is it consistent with common sense that the slender and delicate neck of a child should be pulled and dragged on with such pertinacity? I am certain no child's neck was ever made for such purpose, and I certainly believe that there is almost in every case some damage done either to the mother or child, in some cases to both.

Prof. Meigs, in his excellent work on obstetrics, claims the forceps as the child's instrument; and truly it is in head-last presentation.

I am certain that by the application of the *forceps* on the after-coming head we give a better chance to the child for its life, with less danger of inflicting any injury on it or the mother.

I will cite some cases occurring in my practice, and the method of treatment adopted in each. * * * * *

In looking over the above cases it will be seen that three cases were delivered by traction, four cases delivered by traction and forceps, and five cases delivered by forceps *alone*. In all the cases where the forceps were applied at once *the children were born alive and uninjured*.

In Case VII. the patient was delivered twice, once by traction and forceps, which gave a dead child; the second time where the complications were of the most serious character, and where the chances for the child were greatly diminished, by the timely application of the forceps I was able to deliver a living child.

Where traction was resorted to before the application of the forceps, all died. Out of three cases delivered by traction alone, only *one* was uninjured.

The above record shows most decidedly in favour of the early application of *forceps*, for we have here twelve cases in all,—five cases delivered by the forceps alive and uninjured, while of the other seven cases we have the history of only one case uninjured. I may here state that in nearly all the cases supra-pubic pressure was employed in conjunction with traction.

I cannot be convinced that it is safe to apply on the body the amount of traction as stated by some writers. I know of two authentic cases where by the use of powerful traction detraction of the fœtus occurred. There is no necessity for these sad consequences, for with the forceps we have the head entirely at our command, and the force is applied directly on the strong head of the child.

Another pernicious rule which some writers recommend, is to introduce one or two fingers in the child's mouth and make traction. I most decidedly condemn such practice, for I am certain that no child's inferior maxillary could stand such traction without being dislocated or fractured.

Some of the points in favour of the forceps are :

1. In a deformed pelvis or an abnormally large head, by the application of the forceps we can reduce the volume of the child's head without injuring it, rendering it as much as possible in accordance with the conformation of the pelvis, and also reducing the ratio of injury to the mother; injuries which must occur where powerful traction is made.

2. In breech, especially in artificial breech or breech made by version, there is more or less extension of the head, which the forceps can readily correct, and which if traction is used can only be corrected by the most powerful effort.

3. By the application of the forceps on the after-coming head we have complete control of it, and can easily correct any malposition, and place the head in the most favourable position for delivery, with the least amount of risk to mother and child.

I do not wish it to be understood that I advocate the application of forceps in every case of head-last presentation, but I most decidedly recommend and give preference to the forceps in cases where powerful traction is demanded.

In the application of the forceps on the after-coming head, we have not, as some believe, insurmountable difficulties to overcome. The body of the child does not interfere materially; the child's body with its arms is given in charge of an assistant or nurse; the back of the child is brought well over the mother's abdomen, in anterior positions (patient lying on her back); while in posterior positions the back of the

child is brought well towards the mother's back (the patient lying on her left side); this will place the child's body almost entirely out of the way, and we have only to apply the same rules here that govern us in the application of the forceps in head-first presentations.

In head-last presentations we must bear in mind that a life trembles in the balance. A few minutes at the most will decide the child's fate: therefore, why hesitate? If it is found that slight traction cannot bring the head, apply the forceps at once, and deliver.—*Phil. Med. Times.*

CONTRIBUTION TO THE DIAGNOSIS OF OVARIAN DISEASE.

The *Medical Times and Gazette* informs us that a short essay lately published by Professor Guido Baccelli, of Rome, deals with the percussion of the ilium as an aid to the diagnosis (1) of simple ovaritis, (2) of a commencing ovarian tumour, and (3) of the side of origin (right or left) of a large ovarian tumour whose early stages are unknown. Percussion of the diaphysis of the ilium, according to the author, gives rise to acute pain in simple ovaritis unaccompanied by diffused peritoneal inflammation. An ovarian tumour gives rise to marked dullness on the side on which it is situated, while there is a clear tympanic resonance on the side of the healthy ovary. Thus, if the left ovary be enlarged, there is dullness over the left ilium, and resonance over the right; and *vice versa*. The rules to be adopted in percussing are as follows:—The patient must lie on her side, with the legs drawn up, and the thigh which is uppermost adducted and pressed toward the abdomen, so as to place that part of the diaphysis of the ilium which lies below the centre of the insertion of the gluteus medius muscle in the position best adapted for percussion. The exact point of the external surface of the ilium to be percussed is a little below the centre of a straight line drawn from the posterior-superior border of the iliac crest to the upper edge of the acetabulum. Taking the average length of this line as ten centimetres, the point to be percussed lies between five and six centimetres below the posterior edge of the crista ilii. It is necessary to percuss forcibly, and it is better to use a pleximeter and a hammer than the fingers only. The two sides must, of course, be percussed at identical spots. The practical value of this method is illustrated in the essay before us by two or three striking cases, in which it was most successfully applied to clinch a doubtful diagnosis; and we are assured by Professor Baccelli that these are not the only ones in which it has stood him in good stead.—*Med. and Surg. Reporter.*

DILATATION OF THE UTERUS.

Dr. Lombe Atthill, in his address on Obstetric Medicine before the British Medical Association, says :

"I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that, if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is as safe as well as a justifiable one. My own experience of the dilatation of the uterus has been great. I have practised it very frequently, indeed, during the last ten years, and as yet in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practise the treatment, or an unwise method adopted for carrying it out. On examining the records of the case in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practised :—

"1. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal ;

"2. When the cervical canal is encroached on by a fibroid of large size and unyielding structure ;

"3. When the process has been attempted to be carried out rapidly by means of metallic dilators ; or,

"4. When it has been protracted over several days.

"I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others :

"1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.

"2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

"3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge or seatangle tents, which expand slowly and gradually.

"4. Never to continue the process of dilation for more than forty-eight hours. I prefer, in a few cases I have met with, in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purpose I had in view, to postpone all operative interference for some weeks rather than risk the result by prolonging the dilating process.

"With respect to the first of these rules, I look upon the treatment of what is termed 'mechanical dysmenorrhœa' by dilatation as altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, have, to my knowledge, followed the attempt. Equally it is of importance not to prolong the dilating process. My own experience in the treatment of uterine diseases requiring dilatation leads me to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid, of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such case dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that, too, in patients in the worst possible condition for resisting the attack."—
Medical Reporter.

Medical Jurisprudence.

THE BORDER-LAND OF INSANITY.

BY EUGENE GRISSOM, M.D.

(Concluded.)

The poet, Shelly, some compassionate hand has described as "a wild and wayward figure, like the Faun' of the imagination, or those strange and beautiful beings dwelling between earth and heaven, on the heights of Gothic fancy." He was a spirit of the intermediary world—a wandering genii—nothing more. Before twenty years of his young life had gone by, he had cut himself off from his family and ruined his career. He was a spirit of the race of Ariel. At Eaton, aged fifteen, his one idea is resistance to God, to man, to laws, to authority, to whatever opposed him. This, indeed, is the central idea of his great poem, *Prometheus*. He leaves his classes to study electricity under a Dr. Lind, when he and his preceptor indulge in bouts of blasphemy, striving each to curse the heavier, the one his father, the other the King; often at midnight he sallies forth in hope to call up the evil spirit.

At Oxford, see him a slim lad with unnaturally brilliant eyes, stooping shoulders, and strange voice, like a peacock's cry; he lives amid his crucibles, feeds upon bread almost entirely, which he tears from the loaf as he walks, lingers for hours to throw stones in ponds, or sailing paper boats. That was his passion all his life, and he has been known to use a fifty pound note, when no other paper was near. Engaged in zealous debate, he would suddenly stop, fall like a cat on the rug, and sleep for hours with his little round head exposed to the fiercest heat. He imagines, and tells everybody, when he was expelled, that it was for publishing a book of infidelity, a pure delusion, for he had only read it. The sentence really was for his scurrilous letters to eminent men who were strangers to him. His sisters sent him money by Harriet Westbrook, their school-fellow. She hates the tyranny of school, and he marries her in his sympathy—one sixteen, the other not nineteen—to go roaming through England, Scotland and Wales. Finally they drift to Ireland—and for what? To issue pam-

phlets and speak for Catholic Emancipation. Returning to Wales, he imagines that some one has fired at him, and put a hole through his gown. He utters a breathless cry to his friends for breathing time and twenty pounds. They pay it and smile, but he declares all the after fluctuations of his health were due to that shock. In this year, 1813, *Queen Mab* was written. This, the most celebrated of his works, is to investigate what he called the horrors of Religion, the falsehood of Revelation and the cruel fiction of Christianity.

Next year he falls in love with Mary Godwin, and reveals it in a strange scene within St. Pancras' churchyard, by the grave of her own mother. He told her if supported by her love, he would enrol his name among the wise and good. He abandons his wife at the cottage in Brockwell, his child, the baby Ianthe, and his unborn babe, to fly to the continent with Mary, never to see wife and children again. Yet he speaks in quiet friendliness of this abandoned wife, this desolate mother not yet twenty, and proposes to a lawyer that Harriet be invited to join his new household in the capacity of humble friend to himself and Mary, and can hardly be brought to see the impossibility of such a proposal. Despite her sweet amiability, the betrayed wife bore her sorrows two years and then drowned herself.

Now he marries Mary, and going to Switzerland, where they meet Byron, a dark episode in their lives ensues, upon which the pen refuses to touch—let it be buried in night! He rages against English law, because, now that he is rich, the custody of the children is denied to him who murdered their mother—children whose home he has passed many a time, and never once turned to look upon—the unnatural father. Driven by a delusion that the child of Mary will be taken from them by the law, he hastens to Italy. There that hateful poem is given to the world, *Beatrice Cenci*. Strange anomaly, that the brain which conceived that hideous dream, should have produced the *Sky-lark!* He wanders from Pisa to Rome, from Venice to Naples, making romances to himself of lovelorn ladies following him afar off. His thirtieth year was not completed when his frail pleasure yacht went down in the Bay of Spezzia,

and his washed up corpse was burned by his friends with a theatrical show of incremation. Poor wandering voice, absolutely dead to the distinctions of right and wrong, to true love for kindred, or reverence for God! Yet his admirers, the Swinburnes and Rossettis of today, call him "the greatest English poet since Milton, and the greatest Englishman of his time." Who can doubt that, but for accident, the torch of life would have burned out with the glare of madness?

I feel that this sad catalogue should come to a close, and will but briefly say that among the great number whose names belong here, are the melancholy poets, Pollok and Young; Harrington, the author of the famous *Oceana*, whose madness was extreme; Simon Browne, the celebrated divine, whose delusion was that his soul was annihilated; Robert Boyle, the philosopher, who could barely refrain from suicide; Metastasio, the father of Italian opera; and Robert Hall, of whom Prof. Sedgwick declares, "For moral grandeur, for Christian truth and sublimity, we may doubt whether his sermons have their match in the sacred oratory of any age or century." Observe that Robert Hall read *Butler's Analogy* and Edwards on the *Will* at nine years of age; wrote religious essays at ten; became a Baptist minister at sixteen; and, laboring at mental work twelve hours a day, soon was conveyed to the ward of an asylum. Upon recovery and rash excess in work again, he was sent once more to its friendly walls. The great critic Dugald Stewart, endorsed by the Reviews, affirms: "Whoever wishes to see the English language in perfection, must read the writings of Robert Hall."

Who that heard it forgets the thrill through Christendom when the world knew that Hugh Miller had taken his own life? By constitution, superstitious and morbidly suspicious, the child of a sea-faring man lost in a storm, his mother filled the boy's mind with weird, Celtic tales, the ferment of superstitious fears. Battling in after days between skepticism and truth, he cuts himself fearful back strokes; all his life a terrific intensity of mental vision characterized him, and the victim of misunderstandings among friends, and the chimeras of his fancy,

he died at his table by his own hand, in a dark hour when reason had left her throne.

Paganini, the violinist, whose execution has never been equalled by mortal man, was a being with an intensely susceptible nervous system, often deprived of the power of speech, with a pale, bony face, frequently of livid green; at times, it was said, he seemed to be out of the body. His contradictions he could not himself explain—dashing from city to city with utmost speed, with all the windows of the carriage closed even in the hottest weather; he entered no inn, nor spoke when he was addressed. Arrived at his hotel, he removed his clothes, and threw open doors and windows for what he called his air bath. He lay on the sofa, passed days without eating, drank his chamomile tea and sat in perfect darkness at night until his hour for sleep. Sixty people have been waiting to see him, but he took no notice of knocks, and sat, lost in trance. No wonder the mob believed him a murderer whom the evil spirit had taught to play upon one string with such wonderful music, when a convict in the condemned cell. After astonishing a world, he gave his dying moments to the feeble notes of his violin in the moonlight, by the blue Mediterranean, with the breeze waving softly in the trees, as he expired broken hearted—his spell was over. Dying without the sacraments, his body was refused Christian burial, and it lay above ground five years, until the vulgar stories of ghostly violins playing about the coffin, impelled the son to pay large sums of money to obtain the privilege at last to bury his father in the village near his home, where his ashes were finally laid to rest in May, 1845.

We will turn aside to read some passages from the career of Junius Brutus Booth, the most eminent actor that America ever produced. From his memoirs, as penned by his own daughter, we learn that he had undoubted periods of madness. To use her language:

"The calamity seemed to increase in strength and frequency with maturer years, and sometimes assumed very singular phases. From childhood, we learned from our mother, the devoted and unwearied nurse of him who endured these periodical tortures of mind, to regard these seasons of abstraction with sad and reverent forbearance."

So completely did he merge his own identity into that of the character he assumed, that most of his fellow actors dreaded to face him as Richmond on the stage, in the last struggle of Richard, lest he should really take their lives; for frequently he had to be reminded that he was personating a character, and must allow himself to be slain.

His salvation from utter wreck, for many years, was his love of the soil, the happy retirement to the work of his garden in the open air, away from the feverish excitement of the theatre.

On one occasion, while on a voyage south, he spoke of the actor, Conway, who had committed suicide by leaping into the sea. As the vessel neared the spot, Booth cried out that he had a message for Conway, and jumped into the ocean; but a boat was lowered at once, and he was saved. Yet the suicidal impulse was so quickly over, that he called out, when once safe in the boat, "I say, Tom, you are a heavy man—be steady. If the boat upsets, we are all drowned."

It is well known that, in Charleston, after he had played Iago one night, and returned to their room, with his friend Flynn, who had been the Othello of the evening, that he attacked him fiercely with his drawn sword, crying:

"Nothing can or shall satisfy my soul,
Till I am even with him—life for life."

Flynn, to save his life, grappled the fire-poker, and struck Booth in the face, breaking his nose. On another occasion, he came near sacrificing the life of the actor, Eaton, in the same play.

He was supposed by turns a Jew, for he knew Hebrew, revered the Talmud, and attended the synagogue, joining the worship in the Hebraic tongue. He was familiar with the Koran; and again he was a devout Catholic. It is related, that while a Catholic, he once walked from his house, in Hartford county, Maryland, to Washington, with leaden inner soles to his shoes, by way of penance for some sin.

Few of his eccentricities were more remarkable than his desire to leave the stage at \$300 a night, when thousands hung upon his lips, and money and fame were his everywhere, for

the post of light-house keeper at Cape Hatteras, for \$300 a year. We learn that this memorandum exists, in his handwriting:

"Spoke to Mr. Blount, Collector of Customs, about Cape Hatteras light-house. He offered it to me, with the dwelling-house and twenty acres of land, and a salary of \$300 per annum, for keeping the light—Government providing the oil and cotton—a quart per diem. Grapes, melons, cabbages, carrots, and onions grow there. Rainwater the only drink—a cistern on the premises for that purpose. Abundance of fish and wild-fowl: pigs, cows, and horses find good pasture. Soil too light for wheat or corn. The office is for life, and only taken away through misbehaviour. Light requires trimming every night at twelve o'clock; no taxes; firewood from the wrecks. Strawberries, currants, and apple trees should be taken there; also a plough, spades, and a chest of carpenter's tools. Pine tables the best. Mr. Blount is to write me word if the office can be given me, in April next, from his seat in Washington, N.C."

It is needless to say that theatrical managers broke up the plan at headquarters.

Booth permitted no animals to be killed on his place, ate no animal food, nor allowed it in his house, for many years. It is said when a grave and respectable Quaker once pressed dish after dish of meats upon him at supper, on a steamboat, and finally offered something for which Booth had a special abhorrence, he fixed his deep eyes on the Quaker, and said, with profound earnestness, "Friend! I only indulge in one kind of flesh—human flesh!—that I take raw!"

Once, in Boston, after a long scriptural argument against the use of animal food, and the reading of the *Ancient Mariner* to the Rev. Mr. Clarke, he exhibited a bushel of wild pigeons on a sheet, which he asked to have buried in the cemetery, to testify in a public way against man's barbarity. Upon refusal, a day or two after, he actually placed them in a coffin and conveyed them to a lot he had purchased in another cemetery, with all the solemnities of a funeral. Yet, he was acting every night in his usual marvellous style. Finally, the actors everywhere grew afraid of him. Terribly in earnest on the stage, when he passed off he sat behind the scenes, looking sternly at the ground, and speaking to no one.

He would often disappear when in no manner

intoxicated, but his family avoided questioning, and respected the sanctity of his struggles and his seasons of darkness. With him certain colours and metals were sacred for certain days. Strange as it seems to some, this world-renowned actor was a good man, humble and devout before his Maker, and his last words were "Pray! Pray! Pray!"

All these illustrious victims of disease, save the last, are those of children of the old world. There are reasons why it may not become me to dwell upon the infirmities of our own countrymen—from James Otis, the revolutionary patriot, to Horace Greeley, the late candidate for the highest position in the gift of the American people.

Reviewing this mighty mass of human misery, we see everywhere a degenerate ancestry, or gross physical habits, or overwhelming labors thrown upon a young and tender brain. Some fall at the first onset; others bravely resist, and manage to secure all that life can give. Yet again and again we have seen the immortal mind rising above the trammels of the body to assert its kinship with Divinity.

The lesson is one of the greatest of the hour to us as a people.

The late war has not left us all its legacies—the next generation will bear its cruel stamp. Excess, in all its forms, is a national sin; in eating and drinking, in gambling and extravagance, in the rush of social emulation, and the mad excitement of wealth and ambition. Men are dropping around us every day, with paralysis and apoplexy. Hundreds are yearly added to the rolls of the insane, whose families are ruined, their wives broken-hearted, their children thrown as waifs on the tossing sea of destiny.

Let us take comfort that science can do so much to heal the wounds of the brain, and break down the barriers between the mind and body. The venerable Dr. Chipley utters these words of consolation and hope:

"There is in fact a power in man to prevent or control insanity, and it fails chiefly when it has been misdirected in the earlier periods of life. This power is rarely efficient unless it has been developed and strengthened by education; and hence the poor and unschooled are the greatest sufferers from the most terrible of

all human afflictions. For example, the educated and the uneducated are alike the subjects of illusions; but the trained mind of one will recognize their true character, and adopt suitable measures to correct the morbid condition on which they depend; while the other, unable to reason, will accept them as real. The illusions may be precisely the same, yet the one subject is sane and the other insane. The difference is in the organ of self-control. Vagaries intrude themselves upon all minds, but the man of self-control represses them, and seeks fresh impressions from without: the weak man yields to them, and is lost."

Let our children be brought up in sound and healthful habits of mind and body. Let us rein in the passions that would enslave us. Let us not flee the wretched lunatic as one accursed of God, the object of curiosity or of horror; but rather enfold him in the arms of a charity and a sweet compassion, whose great Exemplar did not disdain to "heal the sick."
—*Virginia Med. Monthly.*

CONSULTATION OR CO-OPERATION WITH HOMŒOPATHS.—*To the Editor of the Lancet.*—SIR,—With reference to the question as to how far a surgeon may co-operate with a homœopathic practitioner in a case of emergency, I think an incident which occurred to myself may afford an answer. Some time ago an old friend of mine, who had been originally in our own ranks, and had latterly been converted to homœopathy, called on me for the purpose of performing an operation for strangulated hernia upon one of his patients. I informed him that I could not meet him in consultation, but as the case was urgent I would give my services. I drove with him to the house, and suggested that he had better inform the patient as to the position of affairs, and then allow me to go up stairs and do what was necessary. To this suggestion my friend acceded at once, and whilst I was examining the patient he remained below. I found that an operation was not required, and I took my departure. Had an operation been needful I should have performed it at once, and certainly should not have objected to the presence of the practitioner in such urgency, but I should have insisted upon the whole conduct of the case subsequently.—I am, &c., HENRY SMITH, Wimpole Street.

Therapeutic Memoranda.

PAPERS ON THERAPEUTICS.

BY W. HANDSEL GRIFFITHS, PH.D., F.C.S., L.R.C.P.E.,
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ACIDUM SALICYLICUM, SALICINUM, ETC.

Since the publication of Prof. Kolbe's paper in the *Archiv. der Pharmacie*, Vol. 5, the action and uses of salicin and its congeners have attracted considerable interest.

Topically the acid has been applied by Prof. Thiersch to destroy the fetid odour of cancerous surfaces; he recommends it to be applied in the form of a powder, either alone or mixed with starch. Wenter extols the use of salicylic acid in the treatment of recent or chronic ulcers, and Dr. Wagner treats superficial gangrenous sores by applying to their surface a thin layer of the powdered acid and covering it with wadding—a week generally suffices to effect a cure.

Wagner claims for the acid extraordinary efficacy in eczema of the head and face accompanied by discharge. Dr. Ogilvie Will recommends in this affection the application of an ointment consisting of half-a-drachm or a drachm of the acid to seven drachms of simple ointment; he applies the same ointment to burns.

A solution of one part of the acid and three parts of phosphate of soda in fifty parts of water will be found useful for promoting the healing of granulating surfaces. Solutions for direct application to wounds should not exceed the strength of 5 per cent. of acid.

Salicylic acid is astringent, but if it be desired to utilise its property in this respect the iron salt, as suggested by Mr. Robert Kirk, of Edinburgh, should be employed.

A curious herpetic eruption frequently follows the external application of salicylic acid, as Mr. Callender pointed out, and Mr. Cavafy has recorded a case in which this eruption followed the internal administration of salicylate of soda.

As an antiseptic the following advantages are claimed by Dr. Squibb for salicylic acid over other members of the class :

1. It is more powerful and effective.
2. It is devoid of irritant properties.
3. It is as effective against chemical as against vital ferments.
4. It is odourless, almost tasteless and harmless.

From Godeffroy's experiments it would appear that salicylic acid is three times more powerful in its anti-fermentative action than carbolic acid.

Opinion as to the value of salicylic acid as an antiseptic is by no means unanimous, Callender considering it inferior to other antiseptics, and Salkouski regarding benzoic as being superior to it.

As a disinfectant in the treatment of contagious diseases the acid has been used by several practitioners, notably by Prof. Friedberger, Dr. Zurn, Fortheim, &c.

Kolbe states that salicylic acid can act as a disinfectant and antiseptic only when in the free state.

Many formulæ have been proposed for the internal administration of salicylic acid. The following is the mode of giving it recommended by Dr. George F. Duffey,—

℞ Acid salicylic, grs. 120 ;
Liq. ammon. acet. (B.P.), ℥ij. ;
Aquæ, ad ʒvj. m

Give one-eighth part (gr. xv. of the acid) every hour.

Mr. P. A. Young states that he uses acetate of potash as a solvent for the acid, and that the addition of aqua carui to the solution forms a palatable mixture. Two parts of the acid are freely soluble in water on the addition of three parts of acetate of potash or four parts of citrate of potash. The solution in acetate of potash does not give off vapour of acetic acid on boiling, and free salicylic acid may be extracted from it by sulphuric ether, hence probably no decomposition takes place.

The following formula appeared in *New Remedies*, July, 1876,—

℞ Acid salicylic, ʒj. ;
Pot. acetatis, ʒj. ;
Glycerini, ʒj. ;
Aquæ, q.s. ad ʒj.

This solution contains one grain of the acid in eight minims; it may be made much stronger.

Other acetates, as of lime, soda or ammonia, are also applicable as solvents.

M. Cassan suggests the following recipe,—

℞ Acid salicylic, ʒj. ;
Ammonia citratis, ʒss. ;
Spt. vin. gall., ʒj. ;
Aqua dest., ʒv.

The citrate of ammonia does not impart an unpleasant taste to the mixture.

Mr. Erskine Stuart suggests its administration in combination with bicarbonate of soda—

℞ Acid salicylic ;
Pot. bicarb., āā ʒij. ;
Aqua, ad ʒvj.

A tablespoonful every two hours. It should be freshly prepared, as it speedily becomes putrid on exposure. Thus administered he has not known it to affect the throat.

Riess and Fergus suggest the solution of the acid in spirit of wine, and the addition of glycerine to about half the bulk of the mixture; a drachm of concentrated aqua carui removes all disagreeable taste. It is stated that the acid so administered does not cause burning of the throat.

Mr. C. L. Mitchell gives the following recipe for a concentrated solution of the acid,—

℞ Acid salicylic, ʒj. ;
Sodæ bibeat., ʒj. ,
Glycerini, q.s.

Mix the acid and borax with four drachms of the glycerine, heat gently until solution is effected, then add glycerine to make the measure ʒj. This solution contains 25 per cent. of acid.

According to Mr. Charles Becker borax in the proportion of two parts to one part of the acid and fifty parts of water precipitates slightly after twenty-four hours; a solution of one part each of acid and borax in five of glycerine and twenty-five of water is permanent, while the same proportion of borax, acid, and glycerine in fifty parts of water will precipitate in twenty-four hours. A solution of one part of acid to two of borax in twelve of glycerine made with heat is permanent, but when one part of this solution is diluted with three of water a cloudiness appears in three hours.

Bose states that two parts of the acid are rendered soluble in 100 parts of water by the acid of borax.

Wunderlick gives the acid in almond emulsion with syrup of almonds and orange flower water. Martenson suggests the employment of salicylate of ammonia as a substitute for the acid on account of the solubility and sweet taste of the former. Schofield finds that patients take salicine best in milk. Subcutaneous injections of salicylic acid should be made with perfectly neutral solutions.

In cases of diarrhoea and dysentery in which all other remedies failed, Stephanides succeeded in effecting a cure with salicylic acid. In the latter disease 30 grains should be given daily.

Justi found salicylate of soda of use in the gastric catarrh of children, and Wagner claims for the acid considerable efficacy in cases in which fermentative changes occur in the contents of the alimentary canal.

Moelé states that salicylic acid sometimes induces sickness and vomiting, and under such circumstances he advises its administration by enema. Erskine Stuart states that even after a dose of two scruples he never experienced any inconvenience of the stomach.

Salicylic acid unquestionably excites a specific catarrh of the mucous membrane of nose, pharynx, and mouth, and this even if administered by the rectum. It is possible that a tolerance of salicylic acid may be established. It is undoubtedly cumulative, for it has been found that after a dose of from four to eight grains half or a-quarter of that dose on the following day will keep down the temperature. According to Ranke, Lehman, and others, salicylic acid is converted into salicine in the blood. Kohler, however, believes that it is converted into the soda salt. Senator, on the other hand, thinks that salicine acts by being converted into salicylic acid in the system.

Butt of St. Gall, Fürbringer of Heidelberg, and Buss of Basle were among the first to indicate the anti-pyretic action of salicylic acid. Justi considers that its anti-febrile action attains its maximum six hours after its administration, and that it then gradually diminishes. According to Kohler the soda salt diminishes the temperature both in health and disease. It has been observed that on the administration of salicylic acid the temperature at first rises

for a short time. The fall in temperature is not so noticeable when the drug is given by enema. According to M. Sée salicylic acid is inferior to digitalis and quinine as an anti-pyretic, the diminution of the temperature being less marked and less constant. Dr. Balthazar Foster records a case in which salicine failed to materially lower the temperature or to shorten the disease. Salicylic acid is generally stated to diminish the pulse rate. Ewald, however, states that it does not affect the pulse at all, while Riess and Goltdammer affirm that it makes the pulse stronger, but does not diminish its frequency. Nathan, who gave the drug in much larger doses than the latter observer, considers that it does lessen the pulse-rate and reduces the respirations.

As an anti-pyretic in the treatment of acute rheumatism, salicin and its congeners have of late attracted considerable attention, and there is great unanimity of opinion as regards their great efficacy in this disease. There is, however, much diversity of opinion as regards the relative value of salicine, salicylic acid, and salicylate of soda. Now, if salicylic acid acts by being converted into salicine in the blood, the latter, on theoretical grounds, would be preferable as being more direct in its action, and there are many, especially Dr. Maclagan, who claim for salicine considerable advantages. If, on the other hand, the salicylic acid is converted in the blood into the soda salt the latter should be selected. Senator, as has been mentioned, thinks that salicine acts by being converted into salicylic acid in the system, and if this view be correct the advocates of the acid, among whom are Sir W. Jenner and a host of others, are justified in their choice.

It is a curious circumstance that decoction of willow-bark, of which salicine is the active principle, has long been known to the Hottentots of South Africa as a remedy for acute rheumatism. To Dr. Maclagan belongs the credit of being the first to suggest salicine in the treatment of acute rheumatism; he states that the best way to get the full and speedy benefit of the drug is to saturate the system with it as quickly as possible. To adults he gives from 20 to 30 grains every two hours,

and in very acute cases he gives that quantity hourly until the pain is relieved. His experience is, that cases of rheumatism treated with it convalesce rapidly. He thinks it prevents cardiac complications and stays their progress when they have commenced, but its beneficial action ceases when the temperature falls to normal. Its advantage over the acid is that it is an excellent bitter tonic, and never causes troublesome symptoms, except in some rare cases mild tinnitus aurium. Salicin is doubtless less liable to adulteration than salicylic acid, it may be taken in small doses and it has a more agreeable taste. In acute rheumatism Stricker gives from 20 to 30 grains of the acid every hour for six doses. The acid has innumerable advocates; some few cases are, however, recorded in which the acid produced serious toxic symptoms. Mr. Tuckwell, especially, has put on record two cases in which alarming symptoms were produced by the acid; these we will allude to hereafter. Evidence in favour of salicylic acid as a remedy in acute rheumatism is so overwhelming, that the isolated cases in which it proved injurious can only be explained by assuming an idiosyncrasy on the part of the patient, or by attributing it to the existence of certain impurities—as of carbolic acid, an impurity which I have frequently detected in commercial varieties of salicylic acid.

Mr. G. Parker May has given salicine in endocarditis with a successful result. The drug was given in scruple doses in a mixture of glycerine water every four hours. Other observers have not noticed that salicine or the acid exercise any beneficial effect on cardiac complications.

On account of the toxic symptoms and collapse which occasionally follow the use of salicin and its congeners, they should be cautiously used in weak states of the heart and in exhaustion. In typhoid fever Riess has given salicylic acid successfully; he uses the following formula—

℞ Acid salicylic;
Sodæ carb., aa ʒij. ;
Tinct. aurant, ʒj. ;
Aquæ. ʒiiss. M.

For one daily dose.

Moel  has also given it with advantage in typhoid fever. M. Leven, however, affirms that it is powerless in small doses, and that in large doses it causes dangerous derangement of the digestive system.

According to M. Robin salicylic acid diminishes the quantity of urine and increases the indican in typhoid fever, and hence very dilute solutions should be given. Lepine finds that the acid is very slightly excreted in typhoid.

Salicylic acid has been recommended as an anti-pyretic in erysipelas, but further experience of its value in this disease is needed.

According to Hiller, Riess, Senator, Weber, and others, salicylic acid and salicine are inferior to quinine in the treatment of ague, it is probable, however, that the salicylate of quinine will be found a remedial agent of extreme value in the treatment of intermittent fever.

The efficacy of salicylic acid in the treatment of scarlatina has been lauded by Drs. F. Weber, Julius Steinitz, and others, but Dr. Brakenridge in his cases found that the reduction of temperature and of pulse-rate was very temporary, and that the duration of the fever was evidently rather lengthened than shortened by this treatment. Langfeldt, Fortheim, and others, have successfully treated diphtheria by salicylic acid. Erskine Stuart regards the fact that the drug produces a specific catarrh of the mucous membrane of the mouth and pharynx as being a significant fact with reference to its utility in this disease. The following is the prescription of Harrow—

R Acid salicylic, 1 part ;
Sodæ phosphat., 1 part ;
Aquæ, 300 parts.

Of this a tablespoonful is the dose for adults, a teaspoonful the dose for children.

Wagner recommends a gargle consisting of salicylic acid 150 parts, alcohol 15 parts, and distilled water 150 parts. This should be used every two hours.

For offensive breath Dr. Da Costa gives three times daily five grains of salicylic acid dissolved in a drachm of glycerine and half-ounce of water.

Drs. Ohisholm and E. H. Jackson treat otorrhœa with salicylic acid. The ear is first thoroughly cleansed, a speculum is adjusted,

and 2 grains of salicine or salicylic acid with 4 grains of calcined magnesia or oxide of zinc are blown into the ear through a quill. The process should be repeated every two or three days.

Bezold states that in aural diseases the acid is valuable as a parasiticide, and that it rapidly destroys oto-mycoses. He states that injections of the acid produce cicatrization of the membrana tympani when perforated, and he employs alcoholic injections of the acid in acute or chronic suppurative inflammation.

M. S. Hoffman speaks highly of the use of salicylic acid in sciatica, tic douloureux, intercostal neuralgia, and for the relief of pain in gout. In the latter affection it has also been successfully used by M. C. Kunze. Dr. Bode has found it of use to relieve the pain of mastitis.

Thiersch finds that when salicylic acid is applied to wounds it almost immediately appears in the urine.

Ebstein, of Göttingen, first suggested the use of salicylate of soda in diabetes. Dr. Müller-Warneck, of Kiel, has lately treated two cases with this drug, and draws the following conclusions from his observations:—Salicylate of soda can completely remove the symptoms of diabetes mellitus, but its action is not always permanent. The symptoms disappear more rapidly the larger the dose that is administered, and the longer it is continued. In moderate daily doses (9 to 10 grammes), its initial influence on the diabetic process appears to become gradually exhausted, whereas large daily doses (14 to 16 grammes) exert an increasingly powerful effect on it. The drug may be administered in large daily doses for a long period without any special disturbance of the general health, but any symptoms of poisoning which may appear rapidly subside on discontinuing its administration. Salicylate of soda but slightly irritates the kidneys in diabetes even after prolonged use. Salicylic acid has been recommended in chronic cystitis. In large doses salicylic acid provokes diaphoresis.

Dr. Boyland uses injection of salicylic acid in venereal disease. In the inflammatory stages the injections have the strength of 1 in 200, and in the latter stages 1 in 100.

The following were the toxic symptoms which characterised Mr. Tuckwell's cases, to which allusion has been made. Humming and buzzing in the ears, with gradually increasing deafness; a peculiarly loud, deep, sighing respiration; a restlessness gradually increasing to delirium, not unlike that of delirium tremens, with involuntary evacuation of urine and feces in one of the cases; a slow labouring pulse, and an olive-green colour of the urine.

Prof. Abelin is of opinion that young children are peculiarly susceptible to the action of salicylic acid, it being liable to produce great depression. Dr. A. M. Weir has published a case illustrative of the sleeplessness and disturbed state of nervous system following the prolonged use of salicylic acid.—*Med. Press and Circular*.

HYPODERMIC ALIMENTATION.

Dr. Whittaker (*Clinic*, Jan. 22, 1876) reports a case of gastric ulcer, in which all ordinary modes of alimentation failed. He then gave hypodermic injections of milk, alternated with beef extract, every two hours. This treatment was continued for four days, the patient taking no food by mouth or rectum. Under it the temperature declined, the pulse became fuller and stronger, and the delirium and pain disappeared. Cod liver oil was now substituted for milk, and continued for three days longer. From this time the patient could take food by the stomach, and wholly recovered. In the progress of the case sixty-eight injections of cod liver oil were made. One day as much as four ounces of cod liver oil was introduced in eight injections.

Two small abscesses were formed from the milk—none from cod liver oil.

Dr. Krueg (*Wiener Med. Woch.*, Aug., 1875) reports a case of a lunatic, in which all other attempts at feeding being frustrated, he began the hypodermic injection of olive oil. The experiment lasted two months. The longest time of sustenance by hypodermic alimentation alone, was twenty days. The patient at last, finding he could not starve himself, consented to take food by the mouth.—*Detroit Medical Journal*.

EXTEMPORANEOUS PILL-COATING.

The pills, made of a hard mass and well rounded on a smooth surface in the usual way, are moistened with simple syrup, diluted with one-fourth the quantity of water, and then rolled about with the outspread fingers in a comparatively large quantity of finely powdered elm bark.—H. HILDEBRAND, in *Chicago Pharmacist*.

TOOTH POWDER.

The following was originally recommended by the celebrated John Hunter :

Powdered cream of tartar.....	3 ounces.
Powdered alum	4½ drachms.
Powdered cochineal.....	4 “
Powdered cinnamon.....	½ drachm.
Powdered sugar	1 ounce.

—*Druggists' Circular*.

OINTMENT FOR PILES.

Powdered opium	30 grains.
Tannin.....	1 drachm.
Carbolic acid	15 drops.
Oil of tobacco	10 “
Solution of subacetate of lead... ..	20 “
Simple ointment	1 ounce.

Mix intimately. To be used morning and night.

PRURITUS VULVÆ.

R Hydrarg. perchlorid.....	1 part.
Alum.....	20 “
Starch.....	100 “
Aq.....	2500 “
M ft. lotio.	

FOR TAPE WORM.

Pumpkin seed.....	1 ounce.
Pomegranate bark.....	½ “
Ethereal ext. of male fern... ..	1 drachm.
Powdered ergot.....	½ “
Gum arabic.....	2 “
Croton oil.....	2 drops.

Bruise the pumpkin seed and pomegranate bark and ergot well, and boil in water 8 ozs. for fifteen minutes. Strain. Rub up the croton oil with the gum arabic, ergot and male fern, and mix with the decoction. To be taken in the morning fasting.

BROWN-SEQUARD NEURALGIC PILL.

Ext. Belladonna.....	2	grains
“ Stramonium.....	2½	“
“ Cannabis Ind.....	3	“
“ Aconite.....	4	“
“ Opii.....	6	“
“ Hyoscyam.....	9	“
“ Conium.....	12	“
“ Powdered liquorice, q.s.		“
Mft. pil. 12.		

LINIMENT OF IODIDE OF AMMONIA.

Iodine.....	gr. xv.
Alcohol.....	ʒ viii.
Camphor.....	ʒ ii.
Ol. Lavender.	
“ Rosemary ää ʒi.	
Water of ammonia ʒi.	

ANÆSTHETIC COLLODION FOR SUPERFICIAL NEURALGIAS.

Hydrure d'Amyle....	30	grammes.
Collodion.....	30	“
Aconitine.....	0 05	centigrammes.
Veratrine.....	0 30	“
		— <i>Bordeaux Medical.</i>

Iron in effervescence in cases of granular kidney with gastric irritability :

R Ferri citratis ʒiiss ; Acidi citrici ʒvi ;
Aquæ Dest. ad. ʒvi. m
Et R Acidi Hydrocyanici Diluti m lxxii ;
Potassæ Bicarbonatis ʒvi ; Liquoris
Bismuthi, Syrup Aurantii, sing. ʒiii.
m.

Sig. A dessertspoonful of the contents of each bottle in a glass of water thrice daily.

BROMINE ACNE.—This was produced in a girl, aged eighteen, by using half a drachm of bromide of ammonium twice a day to check her epileptic fits. The following lotion almost completely removed them during the continuance of the bromide mixture :

R Sulphuris præcip.....	ʒiii.
Spirits camp.....	ʒi.
Aq. calcis ad.....	ʒiii. m.

Dr. Owen, in *Med. and Surg. Reporter*, speaks very highly of the use of hot water in sick stomach. He uses about a half a glassful at a time, repeating if necessary.

CASCA BARK.—This is the “ordeal poison” of West Africa. Dr. T. L. Brunton says of it, in a recent lecture—“In Casca we possess a drug which strengthens and slows the heart, contracts the arterioles, and increases the urine. Digitalis has hitherto been our great resort in mitral disease, but I think it probable that in casca we possess a drug, more powerful still ; at least its effect upon the arterioles appears to be greater than that of digitalis, and it is quite possible that it may succeed in those cases of advanced mitral disease where digitalis fails.”—*Reporter.*

Extension in fracture of the leg is made by Dr. S. W. Gross (*N. Y. Record*) in the following manner : The foot is well bandaged. A shingle is then cut to fit the shape of the sole and fastened to the foot by adhesive plaster. The weight is attached to a cord fastened to this foot-piece.

Gonorrhœa is treated by the same gentleman (*Ibid*) by means of cubeb, administered in tablespoonful doses, in water, four times a day. “Most wonderful results are said to be obtained.”

For Dysmennorrhœa, Dr. Jenks, of Detroit, advises the use of the fluid extract of viburnum prunifolium, in half drachm or drachm doses every two or three hours during the menstrual period. He also recommends its use in threatened abortion.—*Exchange.*

INTERNATIONAL MEDICAL CONGRESS OF GENEVA.—The fifth International Congress of Medical Science will be held in Geneva from the 9th of September to the 15th, under the presidency of Professor C. Vogt. Papers are beginning to be received in the different sections from some of the most eminent physicians and surgeons on the Continent. The section of Biology promises to be specially interesting and valuable in contributions.

Dr. Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh.

Translations.

At a meeting of "Société de Biologie," M. M. Jolyet and Laport (stated that they) had determined the quantity of hæmoglobin that the blood contains before and after its entrance into muscle: the arterial blood is always a little richer than the venous blood: after section of the nerves, this difference no longer exists; on the other hand, it is augmented after stimulation of the nerves.

MEANS OF PREVENTING THE BLURRING OF MIRRORS DESIGNED FOR EXPLORATION.

From *L'Union Médicale Du Canada*.

This means consists in passing lightly over the polished surface of the mirror a rag saturated with glycerine. The vapour of water contained in the expired air is completely dissolved in the glycerine, and the blur does not form. This means is, in fact, more practical than that of plunging the mirror into tepid water, or of heating it at the flame of a lamp. — *Lyon Médicale*.

RADICAL CURE OF INGROWING TOE-NAIL.

BY DR. FR. RAMIREZ VAS.

The author employs Liq.-Ferri perchloridi, applied by means of lint soaked in it. After some days of this dressing, he applies solid perchloride of iron between the nail and the dorsal surface of the toe. This treatment lasts from a few days to two months. Dr. Ramirez Vas states that patients once cured remain exempt from relapses. — (*El. Siglo-Médico*). — *L'Union Médicale du Canada*.

From *Le Progrès Médical*.

In the numbers of *Le Progrès Médical* for April and May certain lectures on the "Mechanism and Pathological Physiology of Modifications of Intracardiac Organic Murmurs,—By Cuffer," have been reported, of which we subjoin the conclusions:—

1. All intracardiac murmurs, whatever they may be, are modified when the patient passes from the horizontal to the vertical position.

2. They are all diminished in the upright posture.

3. The vertical position lessens the bruit by causing, on the one hand, a change in the shape of the heart, and on the other, by producing variations in the arterial tension, in consequence of which the number and force of the cardiac contractions are altered.

4. All bruits are intensified in the horizontal posture; indeed, certain murmurs are produced only in this attitude.

5. Inspiration causes an augmentation of cardiac souffles.

From *Le Progrès Médical*.

Among the presentations made by M. Hugon-néu (candidature au titre de membre correspondant de la Société Anatomique), I shall especially direct attention to a case of cystosarcoma of the perineum in a fœtus. This tumour, of the size of an adult head, was implanted upon the perineum and the internal face of the thighs. The anal orifice was found in the region of its (the tumour's) point of implantation and on its posterior aspect. Covered by the skin, and traversed by tolerably large veins, it gave to the touch the sensation of a false fluctuation.

In making a section of this tumour it was seen that it consisted of a large pouch filled with sero-sanguinolent fluid, very rich in albumen. The walls, formed by a tissue of lardaceous appearance, contained in their thickness little cavities filled with a puriform liquid which, under the microscope, presented the characters of embryonic tissue. No communication with the rachidian canal existed. The swellings projecting into the cavity of the tumour were formed by embryonic elements, presenting all the characters of small celled sarcomata. All the normal tissues of the child were there seen in an embryonic state. Delivery by breech, child still-born.

This observation appears to us interesting in view of the small number of similar cases hitherto published. The first two cases were presented by M. Depaul with the diagnosis of cancer. In 1864, Rayer and Ball presented an analogous case to the Biological Society. After a histological examination of the tumour, M. Robin considered it a heterotopy of the ovary. In 1866, M. Bailly published another observation, in which it is stated that the tumour was formed by all of the normal tissues of the child (striped and unstriped muscular tissue, conjunctive, bony and osseous tissues). This observation, joined with that of M. Hugon-néu, proves that these tumours closely resemble the sarcomata, and should consequently be regarded as cystosarcomata developed in the embryo.

THE CANADIAN
Journal of Medical Science,

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

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

TORONTO, JULY, 1877.

THE UNIVERSITY OF TORONTO AND
ITS AFFILIATED INSTITUTIONS.

The recent action of the Government, in abolishing all existing affiliations between the University of Toronto and the different teaching bodies in the country, has been the subject of a good deal of controversy, and is not without its points of interest. On sober reflection, we think no one will be prepared to controvert the statement, that the principle upon which formerly existing affiliations were based was calculated to inflict grave injustice in certain directions, and that the time had fully come when some modification of that principle was necessary. We regard it as a matter for congratulation, in the first place, that the Senate fearlessly grappled with the difficulty and gave the first impulse to the legislation which will, we confidently hope, effect such an adjustment of anomalies formerly in existence as will place all purely teaching bodies on precisely the same footing. It is also a matter for congratulation that, at the recent meeting of Convocation, so unanimous an expression of opinion was offered that double affiliation should be at once and forever abolished. It must be very apparent to any one who has watched at all closely the history of the University, that such a principle as that of double affiliation could only bring disaster to that institution and strengthen the hands of those labouring in the interests of its rivals. We are not going to dispute the right of any one to extend his sympathies to institutions rival in their character to the University, as that would

involve the discussion of a very much broader question; but, we do say most unhesitatingly that no measure should be adopted which can only have the effect of building up these rival institutions at the cost of seriously impairing the influence and usefulness of the Provincial University. We take exception, most decidedly, to the assertion, made at the recent meeting of Convocation, that the question whether there are ten, twenty or fifty medical graduates each year is a matter of complete indifference to the University. Such a sentiment as this, coming from a gentleman professing devotion to the welfare of the University, is, to us, a matter of infinite surprise. Will any one pretend to say that an institution established for the purpose of granting degrees in the departments of arts, law, and medicine, and maintained at an enormous cost to the country, should not encourage, in every lawful way, such measures as will carry out these objects to the fullest extent? Surely, no one will soberly say that it is a matter of no consequence whether the graduates in *any* department are many or few. On the contrary, so long as the standard of professional attainments, as well as general culture, is sufficiently elevated, as it is presumed it now is, the greater the number of those prepared to come to that standard and receive their degrees, the wider must necessarily be the circle of influence and usefulness of the University.

It was intimated, in no very delicate or complimentary terms, that the qualifications necessary for attaining to a degree in medicine in Toronto University were of a doubtful character. This, if true, involves a very grave reflection upon the honesty of the authorities of that institution. But we have no hesitation in saying that such an insinuation is utterly groundless, and ought to be repelled as unworthy of any gentleman calling himself a friend of the University. We challenge contradiction when we say, from a personal knowledge both of the standard of attainments required and of those who have been entrusted with the management of the examinations, that the curriculum will compare most favourably with that of any similar institution in existence.

We are prepared to advocate, with all the energy we possess, the elevation of the standard within any reasonable limits. But we would be very sorry to extend our sympathies in the smallest degree to the doctrine that we should not use every legitimate means to bring within the walls of our great Provincial University as many as possible in all the departments in which it professes to offer educational advantages.

We were not a little amused, and no less surprised, at the tactics of the advocates of double affiliation. Their purpose was so transparent as to need but little comment. They have systematically used the University of Toronto, not for any love they bear to it, but for the avowed purpose of advertising another institution and indirectly strengthening a University most strongly antagonistic from the very first day of its existence. Since the day on which the medical department of Trinity College was resuscitated, the friends of that school have adopted every device which could by any means give their favourite school an advantage over rival schools. The students of the Toronto School of Medicine have been almost the only support of the medical department of the University of Toronto in the past. Hence, its friends have a fair right to claim that, thus far at least, they have been the warmest friends of the University. If all schools are willing to comply with the terms laid down, we shall never raise the slightest objection to their affiliation. But if any desire to retain their connection with rival Universities and to enjoy all the privileges of teaching bodies whose undivided allegiance is given to the University of Toronto, they are making an unjust demand, and one which should be resisted in every honourable way.

ONTARIO MEDICAL REGISTER.—It is high time that the present register should be revised. It is full of errors, and there are many additions to make.

The first annual meeting of the American Dermatological Association will be held at Niagara Falls on the 4th day of September next.

PROPOSED ANATOMY BILL FOR ONTARIO.

This is a Bill framed apparently for the purpose of replenishing the coffers of the Medical Council by making all the medical schools and all private teachers of anatomy or surgery tributary to it.

It cannot facilitate the study of anatomy in any degree, but will make its pursuit vexatious, expensive and difficult; constantly subject to the whim or caprice of the Registrar or President of the Medical Council. It gives the officers of that body a power over the schools as absolute as that of any autocrat.

Although the Medical Council has done some strange things in the past, yet we cannot believe that it would be guilty of so arrogant an attempt to bring the schools into servile subjection as the Bill would indicate, but the author, whosoever he may be, is evidently just the man who would like to be endowed with the power and perquisites established by it.

Furthermore, the Bill places in the hands of the Registrar an amount of power which no one, short of the Government of the country, has a right to ask for, and if the complaints which come to us from the country, about the way in which the duties of the Registrar have hitherto been performed, are in any degree correct, the teachers of anatomy and surgery would not find the success of their labours facilitated by being placed so absolutely under his control. A short paragraph of fifteen or twenty lines extending the operation of the present Anatomy Act to the counties and suburban towns would have met all requirements, but that would have brought no grist to the mill.

We very much mistake the temper of the teachers of anatomy, in Ontario, if they quietly submit to be thus insolently trampled upon, and made to pay a yearly tax for the support of any pets of the Medical Council. If the Council would husband its present receipts, instead of squandering them for the publication of this and kindred documents, there would be less need for these frantic and persistent efforts to bring various classes under tribute. Money appears to be the leading object of the Bill, but in order to obtain it the managers of medical schools and all private teachers of anatomy, who

are quite as capable of judging how to conduct a dissecting room as the Registrar of the Council can be, and who are likewise just as solicitous to not "offend public decency or endanger the public health" as the President of the Council himself, must all be brought under subjection.

We hope, however, that when it comes before the Medical Council at its next meeting the injustice and impropriety of such a Bill will be made manifest to all.

We cannot give more space to the matter this month, but would direct special attention to Sections viii., x., xi., xii. and xv.

Of these, sections xi. and xii., may be called red letter sections.

Thus section xi. authorizes the Registrar to "keep a record of the names and designations of the several schools of anatomy and surgery in the Province of Ontario, and of the number of students engaged in the study of anatomy and surgery at each * * * * and to demand from each school *such fee annually* as the Council may establish." * * *

We do not see what benefit the above section will confer upon the schools that they should be thus taxed annually to pay the Council for work done by their own secretaries.

Section xii. says, "The Council shall establish such regulations as may be considered necessary for the management of the dissecting room of every school of medicine desirous of benefitting by the provisions of this Act; and the Council may amend the same from time to time, as may be deemed expedient." The Registrar is authorized to visit and inspect, whenever he deems it expedient, the several dissecting rooms deriving benefit from the Act, and to enforce compliance with the regulations of the Council, &c., &c.

If we are to judge by past legislation of the Council, it would find it *expedient* to amend its regulations pretty often, and the present inspector of anatomy has all the power which such an officer should possess for purposes of inspection, and, moreover, exercises it without offence.

The Ontario Medical Council meets on July 3rd in the County Council Chamber, Toronto.

CANADIAN QUALIFICATIONS IN ENGLAND.

It will be gratifying to Canadian practitioners to read the following report of the Medical Acts Committee of the General Medical Council of Great Britain:—

"The Committee is of opinion that qualifications, granted under legal authority in any part of Her Majesty's dominions, ought to be regarded by the Council as presumptively entitled to legal recognition in the Mother Country. It is true that the Council would be unable in general to judge the value of those qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the Committee is of opinion that sufficient allowance for this consideration would be made by providing that in the register there should be a distinct alphabetical section for practitioners registered in the United Kingdom in respect of qualifications conferred in the other parts of Her Majesty's Empire."

"It is the opinion of the Committee that the Council should recommend Her Majesty's Government to promote at the earliest opportunity legislation to the above effect. But if it should seem that such legislation, as perhaps opening some large questions under the Medical Act, could not at once be provided, the Committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchants' Shipping Acts." This was adopted by the Council, though some of the members objected to the names being entered in a separate register. Of course no legislation will be promoted by the British Government to the above effect, unless it is understood that the Ontario Medical Council are willing to grant reciprocity by the power given them under the Medical Act as amended. We have no doubt that they will readily do so. As the only qualification granted "under legal authority," entitling to practice in Ontario, is that of the College of Physicians and Surgeons of Ontario, we presume that graduates of our universities, unless registered in Ontario, cannot claim registration in England under the new regulations, while graduates of McGill College, for instance, will be entitled to such privilege. This is hardly fair to Ontario graduates, and doubtless would not have occurred had the Medical Acts Committee been aware of the fact that the whole Dominion is not governed by the same medical legislation.

UNIVERSITY OF TORONTO CONVO-
CATION.

A meeting of the members of convocation was held at the Canadian Institute, on Thursday evening, June 7th. There were over seventy present. Mr. Moss was re-elected chairman for the ensuing term of three years. A committee, consisting of the Vice-Chancellor, Prof. Loudon, Dr. Ellis, Dr. Reeve, H. J. Scott, Rev. Mr. McWilliams, Messrs. T. W. Taylor, Rattray, Fitzgerald, and McWilliams, was appointed to draw up rules for the governance of convocation, to report at the next meeting, to be held the first Friday in October.

W. Pearman M.A. (Cantab) was elected a member of convocation.

Dr. Robertson moved, seconded by Dr. Fulton, "That this meeting recommends unrestricted affiliation of medical schools as that which will be most conducive to the interests of the University." Lost.

Mr. Thom moved, seconded by Mr. Delamere, "That it is not in the interest of the University that any medical college be granted affiliation." Lost.

After a lively discussion the following resolution, proposed by Mr. Fisher, seconded by Mr. Taylor, was carried by a large majority, "That in the opinion of convocation it is desirable, under reasonable restrictions and conditions, to encourage the affiliation of medical schools in Ontario with the University of Toronto, but that it would be manifestly unjust to permit the affiliation of any College which is already affiliated with any other university."

PERSONAL.—Dr. William Osler, Professor of Institutes of Medicine, in McGill University, was recently the recipient of a complimentary address and a purse of \$100, to aid him in scientific research. The address expressed the esteem in which he was held by his colleagues and students.

We have to thank Dr. Pyne, the Registrar, for the kind and courteous manner in which he has acted whenever applied to for information or assistance.

MEDICAL SCHOOL AND JOURNAL
MANIA.

One of our cotemporaries is severely exercised by the undue multiplication of medical schools and journals, forgetting altogether what Darwin says about the "survival of the fittest." He likewise deprecates the appointment of "mere boys" as professors in the medical schools of Canada, and doubtless knows whereof he speaks. We also have known a case in which a "mere boy" not only accepted a professorship, but *even* compiled a book on one of the most abstruse subjects in medical science before he had won his spurs. But we were told by a late eminent lecturer, with whom the writer must have been familiar, that Canadian students were so much more intelligent than European, that they could graduate in about half the time, and doubtless he found the same precocity in regard to their qualification for professorships.

As two medical schools in which *our boy* has taken part have come to an untimely end, we think the folly of these youthful appointments so thoroughly demonstrated that the evil is not likely to spread. We must remember, however, that age does not always give discretion, nor grey hairs wisdom.

CANADIAN INSTITUTE OF HOMŒOPATHY.—A meeting of homœopathic physicians was held at the Tecumseth House, London, Ont., on the 30th inst., when the above-named institute was duly organized. Dr. G. C. Field, of Woodstock, was elected President, Dr. L. Luton, of St. Thomas, Vice-President, and Dr. J. Adams, of Toronto, Secretary and Treasurer. At a subsequent meeting, in the evening, several interesting papers were read and discussed.

BOOK NOTICES.

A Case of Abdominal Pregnancy Treated by Laparotomy. By T. Gaillard Thomas, M.D. Reprinted from Gynecological Transactions.

The Prophylactical Treatment of Placenta Previa. By T. Gaillard Thomas, M.D. Reprinted from the *American Practitioner*.

Miscellaneous.

CANADIANS IN ENGLAND.—Duncan Frazer, M.B., of Shakespere, has been admitted member of the Royal College of Surgeons.

The wife of John Heffner, of Reading, Pennsylvania, has lately presented her husband with their forty-fifth child; so says a paper called *Truth for the People*.

UNIVERSITY OF TORONTO.—The Annual Dinner took place in the dining hall of the College residence, on June 8th, and was as usual a great success. Among the guests present were Archbishop Lynch, Sir John A. Macdonald, Chief Justice Harrison, Hon. Dr. Tupper and Hon. M. C. Cameron.

We understand that Mr. Ellis, the veteran Professor of Anatomy at University College, whose labours and published writings on descriptive anatomy have long been of the highest standard of estimation, has sent in his resignation.

Mr. Lister has accepted the Chair of Clinical Surgery at King's College Hospital, London. Arrangements have been made to afford Mr. Lister full opportunities of carrying out his system of clinical teaching and of practising antiseptic surgery. He is to have wards of his own, and his own house surgeon and dressers.

The St. Petersburg *Medical Gazette* states that, in a village in the Government of Novgorod, a woman, aged 20, a primipara, was delivered of a healthy, full-grown female child on January 30th, and three days later of a healthy male. In the interval, she had performed her household duties.

TREATMENT OF ACNE ROSACEA.—Neumann (*Allgem. Wiener Mediz. Zeitung*, No. 37, 1876) has found excellent results from brushing the affected skin with a solution of one part of carbolic acid in three or four parts of alcohol. The application is made three times a week, and produces no cicatrix. The treatment is not applicable when there is much thickening and œdema.—*London Med. Gazette*.

CURE OF POPLITEAL ANEURISM BY ESMARCH'S BANDAGE.—In the *London Lancet* of January 20th, the results of three cases of aneurism, treated by Esmarch's bandage, are given. The duration of the treatment was fifty, fifty, and sixty minutes, respectively, a compression being placed on the femoral artery for a few hours afterward, as a precaution. The result in each case was satisfactory in every respect, showing that the sac of an aneurism can be as effectually occluded by a rapidly formed blood clot as by a slowly formed, laminated clot. As one hour appears sufficient to complete the operation, it could be easily rendered painless by the use of ether or chloroform. The bandage is applied tightly from the foot to the lower border of the popliteal space, then lightly, without compression, over the sac (a thin layer of cotton-wool intervening), and then continued tightly to within three or four inches of Poupart's ligament. In the *Lancet* of February 2nd, a fourth successful case is reported.

ON SPRAIN OF THE "MEDIO-TARSAL" ARTICULATION.—The *Edinburgh Medical Journal* says:—Dr. Terrillon having carefully studied several cases of sprain of the foot, has noticed that while sprain of the "tibio-tarsal" joint is the most common and serious injury, sprain of the "medio-tarsal" articulation does occur. The latter may be alone or combined with the former; in the one case it is apt to be mistaken for the former injury, and in the other case to be overlooked.

Dr. Terrillon considers that neglect of this sprain often is the cause of persistent pain, and may also be the exciting cause of disease of the tarsus. He has accordingly favoured the profession with his monograph on the subject. He describes the sprain as being produced when the posterior-half of the foot is fixed, and the anterior portion forcibly adducted or abducted. The symptoms are those of sprains in general. The treatment recommended is the employment of the cold douche, "methodical and continuous rubbing," and a flannel bandage at the first. Painting with iodine is to be employed should pain persist.—*Medical and Surgical Reporter*.

HINT ON REMOVING FOREIGN BODIES FROM THE EYE.—Prof. Dugas, of the Atlanta Medical College, says, in the *New Orleans Medical and Surgical Journal*, March, 1877 :—It is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his moving his eye at the approach of the instrument or on its contact with the ocular surface. By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

RESISTANCE TO STARVATION.—The catastrophe at Pont-y-pridd Colliery has drawn attention to the length of time during which life may be prolonged in the absence of food and drink. The possible duration of life after complete deprivation of food and drink is very variable, and may be stated in general terms to be from five to eight days. Authentic instances are, however, on record in which life has been prolonged much beyond this period, in persons who were so situated as not to suffer from cold, which the system under this condition has very little power to resist. In these cases, also, there was no muscular exertion, and water was very generally taken in abundance. All these circumstances have an important influence in prolonging life. In the Earl of Dudley's Locks Lane Pit, Wallows Colliery, Brierly Hill, Staffordshire, on March 16, 1869, thirteen miners (ten men and three boys) were, in con-

sequence of a sudden irruption of water, incarcerated in the mine for one hundred and twenty hours, without food or light, and practically without water also, as that causing the inundation was of such a very noxious character that the poor men could not drink it. The whole of the men were saved except one, who died frantic. Another instance of eight miners, who survived after five days and sixteen hours of almost complete deprivation of food, is also on record. Berard quotes the example of a convict who died of starvation after sixty-three days, but in this case water was taken.—*Brit. Med. Journal*.

UNIVERSITY OF TORONTO. — RESOLUTIONS PASSED ON THE SUBJECT OF AFFILIATIONS.—Firstly,—That no medical school or college should be admitted to or continued in affiliation which is or becomes connected with another university, either as its medical faculty, or by its professors or lecturers being examiners for the degrees, honours, scholarships, or standing of another university, or its holding out in any way, that its examination will be accepted by another university as entitling to degrees, honours, scholarships, or standing. Provided that this shall not preclude any one or more individual professors or lecturers *bonâ fide*, becoming examiners in another university, the intent being that the faculty of any affiliated college, or any part thereof, shall not be permitted to substantially conduct the examinations of their own students for degrees, honours, scholarships, or standing in another university. Any school applying to be affiliated shall be informed of this regulation, and shall be required to enter into an undertaking to observe it, subject to the express condition that upon breach of such undertaking the statute shall be repealed and affiliation cancelled. Secondly,—that students shall be admitted to the ordinary examinations necessary for obtaining a degree in medicine in this university from all medical schools of good standing, giving such courses of instruction as the senate shall from time to time determine, whether belonging or not belonging to the Province, and even if falling within the class in which it is in the last paragraph recommended that affiliation should not be extended, and even if such candidates

are at the same time undergraduates in another university. Thirdly,—That the statute relating to degrees in the faculty of medicine should be amended by requiring all candidates for a degree to pass a matriculation examination and annual examinations after matriculation, and by prescribing a uniform course for every candidate for the pass degree. Fourthly,—That in the opinion of the senate the examination for honours, and scholarships, and medals, while extended in the fullest and most liberal manner to students coming from any medical school of good standing as aforesaid, whether or not affiliated to this university, and whether or not affiliated to any other university, should not be open to those who are at the same time undergraduates or graduates in medicine in another university.

Some twenty-five cases of goitre (simple enlargement of the thyroid gland, and not bronchocle) have been under treatment at the Medical Dispensary of the University, Philadelphia, by Dr. Roland G. Curtain, the chief of the staff. They have been cured by injections of from vi-x m. of dilute ergotina into the substance of the enlarged gland. The injection is repeated two or three times a week for the space of four months, when the gland becomes thoroughly hardened. The gland begins to shrivel with the stoppage of the injections, and soon returns to its normal size. The injection gives but little pain. The same injection is made with good results in chronic tonsilitis and adenitis. In local rheumatism and lumbago, to relieve muscular stiffness and pain, an injection of $\frac{1}{10}$ of a grain of atropia and $\frac{1}{2}$ of a grain of morphia is made well into the mass of the muscle.

APPOINTMENTS.

John Carrol, of the Village of Don Mount, Esq., M.D., to be an Associate Coroner in and for the County of York.

Aaron Jesse Campbell, of the Village of Gravenhurst, Esq., M.B., to be an Associate Coroner in and for the District of Muskoka.

John Gunn, of the Village of Ailsa Craig, Esq., M.B., to be an Associate Coroner in and for the County of Middlesex.

Births, Marriages, and Deaths.

BIRTHS.

In Toronto, on the 31st ult., the wife of Dr. W. G. Metcalf, of a daughter.

At Thornton, Ont., on the 27th ult., the wife of Dr. R. A. Calligen, of a son.

At Uxbridge, on the 29th ult., the wife of Dr. Nation, of a son.

At Guelph, on the 19th inst., the wife of Dr. A. A. Macdonald, of a son.

MARRIAGES.

On Tuesday, the 5th June, at the residence of the bride, Simcoe, by the Rev. Mr. Gracett, M.A., rector, Geo. W. Wright, Esq., M.D., of Berlin, Ont., to Mrs. Carrie Walker, widow of the late Robert Walker, Esq., M.D.

By the Rev. G. G. McRobbie, of Tilsonburg, A. J. Sinclair, M.B., M.C.P.S., of Paris, Ont., to Amelia, daughter of Capt. McBride, of Port Burwell.

At No. 11, Bellevue Crescent, Edinburgh, on 5th ult., by the Rev. Norman MacLeod, of St. Stephen's Church, Edinburgh, Eugene Wells, Esq., of Woodhouse, near Chelmsford, Essex, England, and formerly of Weston, near Toronto, Ont., to Gertrude Rose, youngest daughter of Dr. Campbell, 112 Bay Street, Toronto.

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CHARLES INSLEE PARDEE, M.D., Professor of Diseases of the Ear; Dean of the Faculty.	JOHN T. DARBY, M.D., Professor of Surgery.
MARTYN PAYNE, M.D., LL.D., Professor Emeritus of Materia Medica and Therapeutics.	J. WILLISTON WRIGHT, M.D., Professor of Obstetrics and Diseases of Women and Children.
JOHN C. DRAPER, M.D., LL.D., Professor of Chemistry.	FANEUIL D. WEISSE, M.D., Professor of Practical and Surgical Anatomy.
ALFRED L. LOOMIS, M.D., Professor of Pathology and Practice of Medicine.	R. A. WITTHAUS, Jun., M.D., Associate Professor of Chemistry and Physiology.
WILLIAM DARLING, A.M., M.D., F.R.C.S., Professor of Anatomy.	JOSEPH W. WINTER, M.D., Demonstrator of Anatomy.

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STEPHEN SMITH, M.D., Professor of Orthopædic Surgery.	A. E. MACDONALD, M.D., Professor of Medical Jurisprudence.
J. W. S. GOULEY, M.D., Professor of Diseases of the Genito-Urinary System.	JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions:—A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 19, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the 3rd of October, 1877, and end about the 1st of March, 1878.

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THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations, and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

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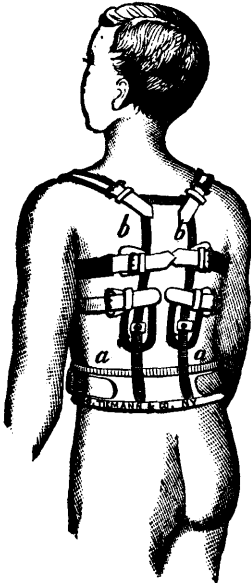
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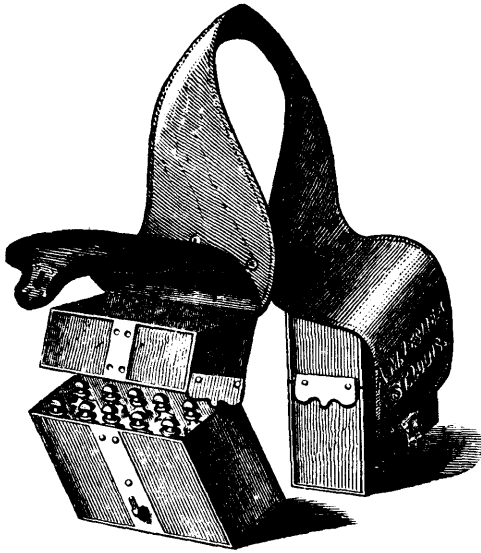
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