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

Vol. viii. }  
No. 4. }

TORONTO, DECEMBER 1, 1875.

Price 30 Cents.  
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## CINCHO-QUININE.

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

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

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

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

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

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

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

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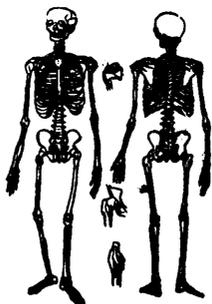
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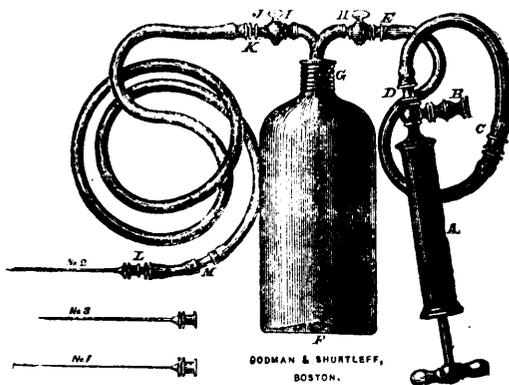
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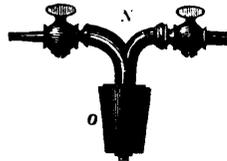


Fig. 69. The Stopper and  
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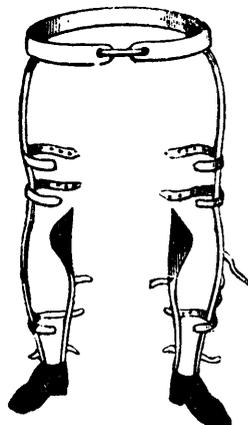
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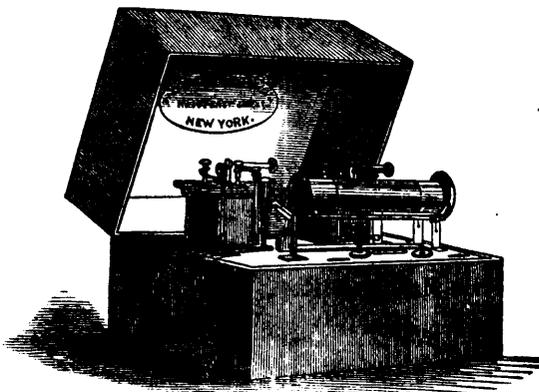
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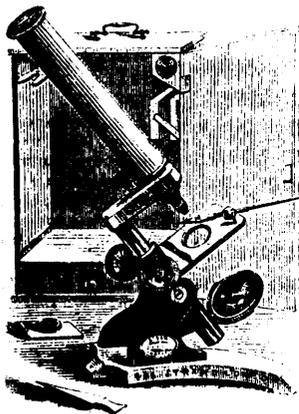
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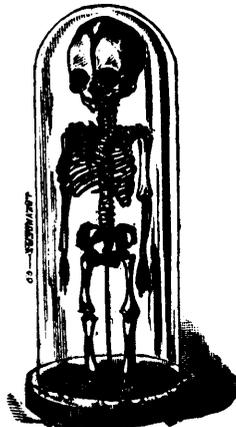
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MEDICAL AND SURGICAL SCIENCE.

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## Original Communications.

### ON SOME PRACTICAL POINTS IN THE MANAGEMENT OF DISEASE OF THE EYE COMMONLY MET WITH BY THE GENERAL PRACTITIONER.

BY A. M. ROSEBURGH, M.D., SURGEON TO THE TORONTO EYE AND EAR INFIRMARY.

*I. Catarrhal Conjunctivitis.*—In preparing a paper to be read before this Association it has been my endeavour to write a practical paper that would be interesting both to those of extensive and to those of limited experience in Ophthalmic Medicine and Surgery. I have purposely omitted all unnecessary technicality and I have avoided all pathological points not absolutely necessary for the purposes of this communication. I wish to direct your attention to some practical points in the treatment of those forms of eye-disease more frequently met with by the general practitioner, namely, certain diseases of the conjunctiva and cornea.

Of simple conjunctivitis, I would merely say, in passing, that it is nothing more than a passive congestion of the ocular conjunctiva, with no œdema, and with very little discharge. It does not usually run a course of more than one or two weeks and readily yields to a simple astringent, such as that of the solution of the sulphate of zinc, of the strength of from one to two grains to the ounce of distilled water and applied three or four times a day. In purulent conjunctivitis we have the other extreme, the inflammation being most intense, and frequently total sloughing of the cornea in a few days. The characteristic symptoms are œdema and elongation of the upper eyelid with copious creamy discharge from the conjunctival surface. The conjunctiva and sub-conjunctival tissue is intensely infiltrated, and raised into a hard ring around the

cornea, giving rise to the condition called *chemosis*. This form of ophthalmia is very contagious; but fortunately, in Canada it is as rare as it is destructive. Catarrhal conjunctivitis occupies a position between these extremes and is the form of ophthalmia to which I wish at this point to specially direct your attention. At the Toronto Eye and Ear Infirmary about 4 per cent. of the eye cases are registered as cases of catarrhal conjunctivitis; but this percentage does not fully represent the relative frequency with which these cases occur in Western Canada, as patients with acute inflammation of the conjunctiva are seldom sent on long journeys to be treated as hospital patients. Catarrhal conjunctivitis in Ontario is characterized by congestion and an œdematous condition of the ocular conjunctiva with muco-purulent discharge. There is little infiltration of the sub-conjunctival tissue, and the conjunctiva, though raised and deeply colored, remains soft and movable. The upper eyelid does not become elongated or the integument œdematous, and the cornea very rarely takes on suppurative inflammation. It is contagious in the acute stage only, and then only by direct contact of the discharge with the conjunctival surface. When one eye is affected, usually in six or eight days, the other one becomes affected also, unless special precautions are taken to prevent the discharge from passing from one eye to the other. I find the disease more prevalent among farm labourers and shanty men, where very frequently one wash basin with one towel, is made to do duty for a number of persons. So far as these cases have come under my observation from the Province of Ontario, and the neighboring States of New York and Michigan I find that, not unlike the exanthematous diseases, they run a regular course, which is usually from two to four weeks of acute inflammation, when the œdema and vascularity of the ocular conjunctiva subside and the patients affirm and believe that their eyes are perfectly cured; but upon everting the eye-lids the palpebral conjunctiva will be found to be velvety and the papillæ already somewhat hypertrophied. In many of these slight cases I doubt not, that this hypertrophied condition recedes spontaneously but in other cases, and I think the larger number, the disease, when inefficiently treated, extends to the sub-conjunctival tissue, and the papillæ become very much elongated, giving rise to the condition erroneously called "granular

\* Read before the Canadian Medical Association at Halifax, N.S., on the 4th of August, 1875.

lids." This swollen and roughened condition of the palpebral conjunctiva is a constant source of irritation, and in many cases is the direct cause of vascular and ulcerative diseases of the cornea.

Catarrhal inflammation of the conjunctiva is an innocent disease that seldom, in the acute stage, results in any serious trouble to either cornea or ocular conjunctiva ; but the so-called "granular lids" in its effect on the cornea undoubtedly leads to more cases of impaired vision, and practical blindness than any other disease of the eye. The subjective symptoms in this affection are so misleading that the patient is clamorous for treatment when comparatively little local treatment is required, and on the contrary can with difficulty be induced to continue special treatment later on, when it is absolutely necessary in order to prevent hypertrophies of the palpebral conjunctiva and the diseases that may result therefrom.

In the treatment of catarrhal conjunctivitis I do little more the first week than order the eye to be bathed frequently with warm water, and direct simple cerate of fresh lard to be applied to the edge of the eye-lids at bed-time. A solution of Atropia-Sulph. (gr. ij- $\bar{z}$ i) applied occasionally to the conjunctiva will show, by its effect on the shape of the pupil, whether the iris is involved or not. This is a point of great practical importance and especially so to young practitioners who have little experience in diagnosing inflammation of the iris. In the second week I commence the use of local applications, and I do not know which of two remedies most highly to recommend, namely, weak solutions of nitrate of silver, or the red oxide of mercury plasma. I have used the two remedies side by side, the one, say, in the right eye, the other in the left and I have had about equally satisfactory results. The plasma of the red oxide of mercury is used of the uniform strength of eight grains to the ounce of the plasma ; but in using the nitrate of silver I commence with a solution of three grains to the ounce of distilled water, and gradually increase the strength to 15 grains to the ounce during say three weeks of treatment. The 3 grain solution may be dropped into the eye by a nurse or friend three or four times a day, and followed by bathing the eyes in warm water. After the first week of treatment, when a stronger solution is being used, the eye-lids should be everted, and the remedy applied to the palpebral conjunctiva with a camel's hair brush, and

in a few seconds any excess of the solution washed off with warm water before the lid is replaced. The stronger solutions are applied in this manner once a day, and, in addition, the 3 grain solution may be still used two or three times a day, while the ocular conjunctiva remains congested and œdematous. The treatment is continued until both the ocular and palpebral conjunctiva have resumed their wonted healthy condition. When the plasma of the red oxide of mercury is used, it is applied to the everted palpebral conjunctiva twice a day (and not washed off) and no other local application used with the exception of the occasional use of atropia solution as before mentioned, and the use of fresh lard to the edge of the eye-lids at bed-time.

(To be continued.)

### LARGE OVARIAN CYST—SUCCESSFULLY REMOVED.

BY PETROS CONSTANTINIDES, M.D., M.R.C.S. ENG., TORONTO.

Mrs. M—, aged fifty years ; is a native of Scotland ; of medium height ; fair complexion and of a decidedly sanguine temperament. She has evidently inherited from the sturdy race to which she belongs a remarkably robust constitution, on which the vicissitudes of a prolonged, active life in the back woods of Canada, do not appear to have had a deteriorating influence in the least ; and with the exception of her half-a-dozen confinements, she declares she has never had one single day's illness, or ailment of any kind, till about two years ago, when her attention was drawn to a slight swelling, or "lump," in the left hypogastric region which commenced to give her some uneasiness, and for the relief of which she first tried such simple remedies as usually lie within the reach and knowledge of all dames in her circumstances, without avail. She next had recourse to the advice and prescriptions of an "herb doctor," who was reputed to have cured quite a number of sufferers just like herself in that neighbourhood, but who in her case had utterly failed, so that at the end of twelve months she commenced to find the weight and pressure of her abdominal contents so embarrassing, that she was obliged to consult a regular practitioner, who, to relieve her from her unbearable burden, tapped her at once, and under his treatment she began to speedily recover her already

considerably impaired health and energy. She had hardly congratulated herself, however, upon her good fortune of restored health, when to her dismay the swelling, which even after tapping had never entirely disappeared, gave evident signs of progressive growth, and in the course of time she had to be again tapped, and again, and again, till at last having lost heart with her intractable malady, she made up her mind as a final resort to come to this city and seek further advice, and if of any avail to place herself under further medical treatment. It was at this juncture that I was called to see her.

Mrs. M. is a remarkably plucky and intelligent woman, and though, owing to her Highland origin, she could hardly express herself in English, yet she gave so clear and connected an account of the origin and progress of her trouble, that at the end of our first interview, she left me fully satisfied as to the probable nature of her malady. I accordingly expressed to her freely my opinion, and directed her to seek further advice. She now placed herself unreservedly under my guidance. I, therefore, called my friend Dr. Fulton to see her, who, after a very careful and most thorough examination, concurred fully with me in all particulars. We now were fully satisfied that nothing short of an operation would be of any permanent avail to the unfortunate woman, and we told her plainly our opinion, but to make assurance doubly sure, we determined to tap her, and that for two reasons. In the first place in order that by means of a chemical and microscopical analysis of its contents, we might obtain a more accurate knowledge regarding the nature of the growth before us; and secondly, that by removing from the internal organs the excessive pressure to which they had been so long subjected, and waiting till the collection had partly re-accumulated, we might place our patient in the most favourable possible condition in order to a successful operation. We therefore drew off some forty pints of a highly albuminous straw-colored fluid, which, as it slowly trickled down in thick ropes towards the end of its flow, left no doubt whatever in our minds—if indeed there existed any—as to what lay before us. We sent our patient home to her friends with the understanding that in a few weeks she was to return in order to undergo the operation, with the full dangers of which we made her fully acquainted.

On the 14th of Sept. last, having completed her preparations, Mrs. M. intimated to me that she was now ready. On our arrival at her residence we found our patient in as good a frame of body and mind, as we could well wish, for such an occasion. Having made all things ready in the largest and most airy apartment in the house, we called for Mrs. M., who walked bravely into the room, and while Dr. Fulton turned round to place a stool for her, she sprang without its aid on the table, and took her position! Dr. Geikie having soon placed her under the influence of chloroform, I made the usual incision through the integument, commencing immediately below the umbilicus and carrying the scalpel as close to the symphysis pubis as practicable. The under-lying layers of tissues were then carefully laid open with the aid of a director, and as the growth was exposed, while Dr. Fulton was about to grasp it with a tenaculum, our patient was suddenly attacked with a spasmodic fit of coughing, which for a moment threatened to give rise to a rather embarrassing complication. The cough fortunately soon subsided, a canula armed with a rubber tube was now introduced into the cyst, and while its contents were emptying into a vessel, we, by means of gentle and steady traction, presently succeeded in extracting the whole mass. The pedicle was now brought into view, through the centre of which two large arteries were seen coursing towards the cyst, which they enclosed with their terminal countless ramifications as in a net. Between these bloodvessels as close to the root of the pedicle as practicable, I introduced a needle armed with a well waxed stout silk cord, and, having divided the loop, the instrument was withdrawn and the pedicle safely secured with a double ligature, each half embracing one of the bloodvessels. The cyst was now carefully severed and withdrawn. The other ovary with appendices, uterus, and other organs, as far as practicable, were examined and found to be in a perfect condition. All the exposed viscera were now wiped clean, with a delicate new sponge, of all blood stains, and having made sure that all bleeding was fully arrested, what was left of the tied pedicle was now returned, and the external wound well closed with a sufficient number of silk sutures and dressed with dry lint. The patient made a speedy and complete recovery without ever evincing the least untoward symptom.

In concluding these remarks, I cannot fully express my deep obligation to my worthy friends Drs. Fulton and Geikie, and to the two young medical students, Messrs. Davidson and Ashby, to whose prompt and very kind assistance I greatly ascribe the most satisfactory result of this operation.

### IMPROMPTU LACTO-PHOSPHATE OF LIME.

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

The daily increasing number of elegant and useful preparations lately introduced to the notice of the Medical Profession by the *Pharmacien*, is likely to puzzle the physician as to their selection, and at the same time empty his pockets, and those of his patients, by their unusual expense. And here a great question arises: How are the poor to be supplied, who from their calling are most exposed to the ravages of disease, if their use be absolutely necessary? Most certainly not by the liberality of the people, nor by that of the municipalities, for be it said to the shame of the government, the charge of the sick poor is entirely thrown upon the unrewarded care of the medical profession. In the great republic of medicine, the peer and the peasant should be equal, and the best and most efficacious remedies be within the reach of one as well as the other; therefore anything that will bring these to the service of the poor, is well worthy of attention. It is allowed by physiologists that,

1st. Just as in plants and inferior animals, the phosphate of lime is indispensably necessary in man, for the formation of cells. This formation not only depends upon the presence of albumen and fat, but likewise on the presence of phosphate of lime.

2nd. The want of phosphate of lime, either in plants or animals causes a deficient formation of cells, and a great many pathological states of the system really seem to depend upon a deficiency of phosphate of lime.

3rd. In accordance with these general laws we must suppose, that we are enabled to cure, or at least to alleviate, by the internal administration of the phosphate of lime, diseases marked by emaciation, formation of ulcers; in one word, by a

deficient formation of cells. But it should be mentioned that we shall never be able to produce an increase in cell formation, unless we administer a perfectly wholesome and nitrogenous diet.

It is surprising then that an agent, so largely distributed, both in the animal and vegetable kingdom, should not be more used in anæmic diseases than it is. The Lacto-Phosphate of Lime, which appears to be most easy of assimilation into the system, may be readily prepared by adding the powdered phosphate of lime to sour milk, say in the proportion of thirty grains of the former, to one pint of the latter, and a little white sugar added, makes this medicine very palatable. I have used this simple preparation for years, and have been astonished at its blood-making properties; in fact it is necessary sometimes to stop its administration in consequence of the occurrence of hæmorrhage, therefore in giving it in incipient phthisis, its effects should be watched narrowly. I think in this disease we are much too apt to prescribe whiskey and cod liver oil, when we should be combatting this, the inflammatory stage, by anti-phlogistic remedies.

### ON DIABETES INSIPIDUS.

BY WM. KERR, M.D., GALT.

This disease is so rare that Sir T. Watson had not for many years of his professional life met with an instance. I have happened to see two, both of which resisted all treatment, like those mentioned by him. A third in the incipient stage yielded, and as the plan adopted is novel, and my chance of seeing another not likely to occur, I venture to send a sketch of it to the LANCET.

In the winter of 1872, a gentleman sixty-nine years of age, after walking in melting snow was unable during the night to void urine, which in the forenoon was drawn off, a large sized catheter easily entering the bladder. He has since been several times seized with retention of urine, more especially if his feet were cold when he went to bed, but he readily relieved himself by introducing a flexible catheter. For years before the first of these attacks, a few drops of urine were apt to come away involuntarily, if he could not speedily find an opportunity of emptying the bladder, and

more lately he has on several nig had rather distressing micturition. About a ar ago the micturition changed its character instead of a small quantity voided frequently, he found that the quantity on each occasion was considerable, and the total in the morning surprised and somewhat alarmed him. In every other respect his health was excellent, and for many years he had been scarcely a day in bed from illness.

As an exploratory trial I recommended him on awakening from his first sleep, to introduce the catheter immediately after he had as he thought emptied the bladder. He did so, and found that the bladder was far from being empty, the catheter bringing away at least as much urine as he had been able to make voluntarily. This fact being ascertained, and I may remark that it has since been repeatedly verified, I recommended the nightly introduction of the catheter at the same period, being the time when the bladder was most likely to be overstrained by urine. Almost immediately he did not require to rise again till morning, and the quantity of urine speedily feel to the natural standard. He has since had two or three returns, having precisely the same history.

If this case has any value, it consists in the suggestion that possibly in Diabetes Inospidus the bladder never empties itself, and that the irritation produced by the residuary urine has some, perhaps a great, share in causing increased secretion.

### Correspondence.

To the Editor of the CANADA LANCET.

SIR,—It may not be generally known by the profession at large in Ontario, that medical men hold only the position of traders in the eyes of the general public of the Dominion; that every medical man's name is registered and published in the publications of the various Trade Protection Societies of Canada, with few exceptions, and those being generally to the detriment of the practitioner; and that the name of no clergyman or lawyer practising their respective professions in the Dominion appears. We are therefore not professional men but traders, and any young physician commencing life might be at the mercy of the local agent of the Society, and his own we shall say medical adviser.

Let us have fair play; if it is necessary that the characters of our parsons and lawyers should be as well known as our doctors, so be it, but it seems hard on a young man entering our profession to be quoted by a detective as I (while enclosing my card) subscribe myself,

AN OLD PRACTITIONER,

with a low commercial standing, and as hinted not honest at that.

To the Editor of the CANADA LANCET.

SIR,—It is time the course of the *Globe* aroused the profession to the true state of matters. It is vain to argue with such an opponent, but since it will not see what is right, the members of the profession, if true to themselves, will make it feel their power. The motto of the *Globe* is to help those who help it. Let us accept the rule, and let every member of the profession who now subscribes for the *Globe* cease to do so at the earliest practicable moment, and endeavor to induce as many friends as possible to do the same, not to change their side of politics but to substitute such papers as the *London Advertiser*, *Hamilton Times*, *Montreal Herald*, and other journals in every way as good as the *Globe*, and a thousand times more trustworthy. When advertisements are to be inserted, endeavor if possible to have them inserted elsewhere, and any printing that is to be done have it done in some other office. It is strange if the hundreds of medical men in different parts of the province, in the management of both public and private affairs, cannot make the tyrants of the *Globe* feel that they lose more by the withdrawal of the support of the profession, than they gain by the support of quacks and travelling humbugs. As soon as the manager of the *Globe* feels this he will become the most obsequious parasite, as witness his course in politics with the Roman Catholic population. He abused the Catholics without stint or reason, and having found that that did not pay, he is now petting them with disgusting fulsomeness. I hope there will be no more attempts on the part of members of the profession to reply to the contemptible twaddle of the *Globe* on professional matters, of which it knows nothing, but with quiet and firm determination let us act for our own interests, as well as for those of the public. Yours, &c.,

ANTI-TYRANNUS.

## Reports of Societies.

### TORONTO SCHOOL OF MEDICINE.

ANNUAL DINNER.—The second annual dinner, which may now be considered an institution of the Toronto School of Medicine, was held at the "Walker House," in this city, on the evening of Wednesday, the 10th ult., and was attended by the faculty, graduates, and undergraduates of the school, and by several prominent guests. The chair and vice-chair were occupied by undergraduates chosen by students of all years. Mr. John S. King of the fourth year occupying the former, and Mr. Alex. McPhedran of the fourth year the latter. A prominent feature of these dinners is that by unanimous consent they are conducted without the use of wines or liquors, and in a manner that would prove their non-essential character in making the dinner a success. The guests on the immediate right of the chairman were Hon. Mr. Mowat, Dr. McCaul, and His Worship the Mayor of Toronto. On the left Mr. Justice Morrison, Chancellor of the University, and Dr. Aikins. On the right of the vice-chairman Dr. H. H. Wright, Professor R. Wright, University College, and Dr. D. Clark, Member of the Medical Council. On the left Prof. Croft, Dr. Barrett, and Dr. McCollum. Besides the foregoing there were present also Drs. Richardson, Thorburn, Oldright, Reeve, Graham, McFarlane, W. W. Ogden, G. Wright, Zimmerman, F. H. Wright, Cameron, Ross, and Riddell, of Toronto; Dr. Wright, Oakville; Dr. Britton, Yorkville; Dr. Langstaff, Richmond Hill; Dr. Medcalf, of the Lunatic Asylum; Dr. Thos. White, Hamilton; Dr. Rae Oshawa, Rev. Dr. Jackson, and Prof. Pernet, Toronto; Mr. Kirkland, Normal School; Dr. Storr and others. There were also about sixty students, including three or four from Trinity College.

The walls of the dining hall were draped with banners, and across the head of the room, behind the chairman's table, was the motto of the school in gilt letters: "*Miseris Succurrere Disco.*" The dinner itself was served in Mr. Walker's usual good style, and a band of music was in attendance. Before offering the usual toasts, the chairman read apologies from the Lieut. Governor, Rev. Dr. Ryerson, Dr. Edwards, Pres. of the Medical

Council, Mr. Goldwin Smith, Prof. Daniel Wilson, Principal, Cockburn Upper Canada College, Dr. Workman, and others.

The chairman proposed in succession the toasts of "The Queen and Royal Family;" and "The Governor General and Lieut. Governor," accompanying them with appropriate remarks, both being duly honored.

The chairman proposed the toast of "The Premier of Ontario and Ontario Legislature," with a few suitable remarks, and called for a bumper toast which was heartily responded to by the company, after which Hon. Mr. Mowat acknowledged the compliment on his own and the Legislature's behalf. In the course of the Premier's remarks he alluded to the beneficial influence exercised by medical men, both in the House and throughout the province on Legislative matters, and after a reference to the withdrawal of the annual grant to the Toronto School of Medicine and other such institutions antecedent to his connection with the Government, expressed his opinion that if the Government did not aid them, wealthy men ought to do more to assist both medical and other educational institutions. It afforded him pleasure to note the efforts made to raise the standard of medical education, and claimed that it was in the interests of the public that there should be trained and scientifically prepared medical men. Whatever might be the opinion of the people as to whether large pills or small ones were the best for the alleviation of disease, there was a general feeling in the community that a high standard of medical education was a great desideratum. He referred to the great ability of the faculty of the School, and hoped the Institution would always enjoy a very large measure of success. (Loud cheers.)

The next toast was that of the "Mayor of Toronto," to which he responded briefly.

The toast of "The University of Toronto and University College" was introduced by the chairman in a speech of some length, in which he paid a high compliment to that Institution and its staff of professors, at the same time claiming that no class of graduates were more loyal to its interests than those in medicine. He also alluded to the close alliance of Toronto School of Medicine with the University. (Applause.)

Mr. Justice Morrison, Chancellor of the Uni-

versity, in responding, expressed his regret at having been a party to a Legislative enactment, excluding the medical faculty of the University. He expressed the most kindly sentiments towards the Toronto School of Medicine, and wished a continuance of its present prosperity. He also urged his opinion that medicine and surgery ought to be looked upon as matters of national concern, deserving the care and protection of the Legislature. His remarks were well received, and he resumed his seat amidst applause.

Rev. Dr. McCaul also responded, and gave a brief history of the Institution, alluding also to the recent losses by death of two former professors in the persons of Dr. Gwyne and Dr. Beaumont. He also saw with pleasure the first bachelor of medicine created in that University, in the person of Dr. Richardson, now a member of the Faculty of the Toronto School of Medicine. Professors Croft and Wright also briefly responded.

The toast of "The Faculty of the School" was proposed by the chairman in a few eulogistic remarks, in the course of which he said the students fully appreciated the advantages they enjoyed, and expressed the kindest sentiments towards the faculty for the uniform courtesy always extended to them. The students and graduates received the toast with cheers.

Drs. Aikins, H. H. Wright, Richardson and Barrett responded briefly in suitable terms.

The vice-chairman then proposed the toast of "The College of Physicians and Surgeons of Ontario," which was duly responded to by Dr. Clark of Princeton, and Dr. Ross of Toronto.

The toast of "Trinity College Medical School" was next proposed and duly honored. General regret was expressed at the absence of Dr. Hodder, the Dean of Trinity College Medical School, who had intimated his intention of being present.

The toast of "The Graduates" was responded to by Dr. Britton of Yorkville.

The next toast, "The Freshmen," was briefly but ably responded to by Mr. Adair.

The toasts of "The Ladies, the Press, and the Host," Mr. Walker, followed, and were duly honored.

Mr. Justice Morrison then proposed the health of Mr. King, the chairman. Mr. King briefly acknowledged the compliment.

Three cheers for the Queen, followed by three for the guests, closed the meeting.

## THE MICHIGAN STATE BOARD OF HEALTH.

The Michigan State Board of Health held its regular meeting at Lansing, Oct. 12, 1875.

The members present were, Drs. H. O. Hitchcock, R. C. Kedzie and Hazlewood, Rev. C. H. Brigham, Rev. J. S. Goodman, and Dr. Henry B. Baker.

Dr. A. Hazlewood, as Committee on epidemic, endemic and contagious diseases, read an article on "Trichinæ." The paper gave a historical review of the subject, mentioning the names of Zenker, Virchow and Leukart as the prominent investigators, whose researches have developed most of our knowledge concerning this parasite. Their combined researches are thus epitomized by Prof. Heller:—"Man becomes infected with trichinæ by the use of trichinous pork. The muscle trichinæ in the stomach become freed from their capsules, and develop in the intestines of cats and dogs, and also in that of man, to mature sexual worms, which attain their full growth at the end of about seven days and give birth to living young. These young trichinæ migrate from the intestines, in which they are situated, to the muscles of the person or animal. During their migrations they are found in the mesenteric glands, abdominal cavity and pericardium. They penetrate into the interior of the muscular fibres, and cause the destruction of the contractile tissue. Within the muscle they grow to perfect muscle trichinæ. These migratory processes bring about in man a severe febrile disease—Trichinosis—which may result in death. The speaker recounted cases of Trichinosis, which occurred in New York, as detailed by Prof. Dalton. He read a long report from M. Northup, M.D., of cases of Trichinosis at Port Huron, and also read an article from the pen of Dr. Herman Keifer, of Detroit.

Dr. Kedzie read an article on "The use of Poisons in Agriculture." After giving a general description of the different poisons used for destroying injurious insects, he gave a specific description of "Paris Green," the aceto-arsenite of copper, which has been so largely used for the destruction of *Doryphora Decemlineata* or "Potato bug." The paper was based on numerous analyses of soil, and of straw and wheat raised on soil dressed with Paris Green. The analyses proved the absence of any arsenic in the straw or grain;

the analyses of soils proved that the arsenic does not remain as Paris Green, but unites with the hydrated oxide of iron, a substance present in all fertile soils, forming a compound insoluble in the usual solvents of the soil, such as carbonic acid and ammonia. There is therefore no danger of contamination of well water by the washing of the poison from the soil. In the discussion which followed, Dr. Kedzie suggested that the ill effects which have been observed from the use of potatoes, might be due to the destruction of vines by bugs, and not to any injury done by the Paris Green. Dr. Kedzie made some remarks concerning danger from the ill construction of public halls, hotels &c., in their means of exit. On motion he was requested to prepare a paper on that subject. Dr. Hitchcock was also requested to prepare an article on the subject of "Regulations to be observed by druggists concerning poisons." Dr. Kedzie reported that he had prepared 90 sheets of Ozone paper, and he left them with the Secretary for distribution to meteorological observers.

The President said he had been requested to have a paper prepared by some member of this Board, to be read at the next meeting of the State Teachers' Association at Grand Rapids, in December next. On motion Rev. Mr. Goodman was requested to prepare and read a paper at that time and place.

The Secretary read a communication from A. A. Day, State Inspector of Illuminating Oils, giving a history of the organization and present status of the system of oil inspection in this State. It is to appear in the annual report of the Board.

The Secretary read a communication from Dr. Elisha Harris, Secretary of the American Public Health Association, inviting members of this Board to attend the next meeting of that body. The Secretary also read a communication from Dr. Geo. Ranney, relative to cases of sickness treated by him, supposed to be caused by drinking the bad water of Saginaw. It was referred to the Board of Health of Saginaw City. A resolution of thanks was adopted for the prompt manner in which the Board of Health of Saginaw City had responded to a previous resolution of this Board, expressing the hope that it would continue its efforts until the Common Council should afford the people of that city an abundance of pure and healthful water.

Communications from J. P. Stoddard, M.D., of Albion, and J. H. Beech, M.D., of Coldwater, relative to criminal abortion, were read and referred to the Committee on legislation. Dr. Stoddard's proposition is that every death of an unborn child be considered a "sudden death," and as such, a proper subject of enquiry by a coroner's jury.

A communication from A. Nash, M.D., of Lapeer, giving cases of sickness from drinking impure water, was referred to the Committee on water supplies.

Circulars are to be issued to school directors and teachers, transmitting documents on "Treatment of the Drowned," for distribution to the (500,000) school population of the State; also a circular to editors in Michigan, asking their cooperation. Rev. J. S. Goodman was authorized and requested to make investigation into the sanitary condition of the common country schools of the State.

The Secretary was directed to procure books, periodicals, &c., for the library of the Board.

Rev. Mr. Brigham read a paper on the "Influence of Occupations upon Health," referring to the dust and impure air of factories and offices, and to the need of more recreation and out-door exercise. The paper was ordered to be printed in the next annual report.

Dr. Baker read a brief paper on "Reproduction of Disease Germs," and also one entitled a "Sad case of Failure to prevent Deaths believed to be preventable," both of which were ordered printed in the annual report. Dr. Hazlewood was requested to prepare a paper on the influence of vaccination, giving statistics of mortality before and after its practice.

The Secretary's quarterly report mentions that 2,500 rules and regulations recommended for adoption by the School Board of Health, have been published and distributed to all township, village and city boards of health in the State, all publications of the State, sanitary journals and individuals interested in the subject. A package of pamphlets and placards on "Treatment of the Drowned," has been sent to the chief of police in each city of the State for distribution; and a circular soliciting correspondents has been sent to 70 physicians and sanitarians in the State, 48 of whom have accepted the duty. Many in addition to accepting, express their appreciation of the

work of the Board. Blanks for annual reports of clerks of local boards of health have been prepared, and printed, and are now being sent out. An improved meteorological blank register has been published, and its distribution commenced, to meteorological observers throughout the State. It is hoped that more special knowledge may be gained respecting the influence of meteorological conditions upon certain diseases. An order book and a classified expense account book have been prepared, in which the accounts of the Board are kept with much system.

The Georgia State Board of Health has been organized and it is in working order. In Alabama the State Medical Society has been legally constituted a State Board of Health and the County Societies are to act as local Boards of Health.

#### WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The fourth meeting of the Western and St. Clair Medical Association was held in Strathroy, on the 4th ult. Dr. Edwards in the Chair, and the following members present :—

Drs. Edwards, Hoare, Billington, Bettridge, Thompson, Lindsay, Henderson, Nugent, Holmes, Murphy, Bray, Coventry, Bucke, Fraser, Harvey, Beemer, Mearns, Loughead, Mott, McAlpine, Eccles, Brett, McLeay, Hanson, and Dr. Eugene Smith, Detroit.

The minutes of last meeting were read and the question arose as to the correctness of the clause in which the action of the Medical Council in appointing examiners almost entirely from their own body is deprecated; Dr. Edwards contending that no such feeling of condemnation existed in the Profession. To test the feeling of the meeting upon this point it was moved by Dr. Bray, seconded by Dr. McAlpine, That this meeting disapproves of the present mode of appointing Medical Examiners from the members of the Medical Council, as expressed at the Sarnia meeting, and would recommend that they should be appointed from the members of the general profession of the Province, together with the Universities. After a warm discussion, in which the President, Dr. McAlpine, Holmes, Nugent, Bucke, Bray, and others took part, the motion was carried unanimously.

Dr. Fraser, Chairman of the Printing Committee, reported that he had two copies of the transactions of the Association printed, which he presented for

their approval, and if satisfactory he would have the rest printed, and issued as soon as possible after the present meeting; and that the cost would be about \$1.00 per year for each member.

Dr. Holmes moved, seconded by Dr. Mott, the adoption of the report, and also a vote of thanks to the Chairman. Carried.

It was moved by Dr. Bray, seconded by Dr. Harvey, of Wyoming, That we, the members of the Western and St. Clair Medical Association view with the greatest dissatisfaction the stand taken by the *Globe* with regard to "Free Trade" in medicine; and also the course pursued by the present Government of Ontario with reference to the appointment of a Medical Superintendent to the Toronto Lunatic Asylum, we consider that the Profession of this country has been directly insulted by the importation of a non-registered practitioner to fill that position. Therefore be it

*Resolved*,—"That we, the members of this Association, pledge ourselves to throw aside all political leanings, and support only such candidates for Parliament as will bind themselves to uphold the dignity of the Canadian Profession and still further advance the cause of medical education in this Province." Carried by a vote of 21 to 2.

Dr. Smith, of Detroit, was now called on to read his paper on "Granular Lids and Catarrhal Ophthalmia," but he had unfortunately lost his paper on the way; he promised to re-write it and send it to the Secretary for publication. He also promised to contribute at the next meeting.

Drs. Beemer, of Wyoming, Mott, of Petrolia, and Murphy, of Chatham, were appointed and promised to read papers at the next meeting.

Dr. Hoare, of Strathroy, also promised to introduce a discussion on "Puerperal Fever."

Dr. Holmes suggested that the President should prepare and read his annual address, to which Dr. Edwards consented.

Dr. Coventry introduced the subject of fees for Life Insurance examinations and moved, seconded by Mr. Mott, That in future a uniform fee of \$5.00 be charged by members of this association, this being in conformity with our Tariff of fees, and that the Secretary notify all Companies doing business in Ontario to this effect. Carried.

A circular issued by Dr. Harvey, of Watford, was read, the consideration of which was laid over until the next meeting. In the mean time the Secretary was instructed to notify Dr. Harvey to attend and explain.

A letter was read by the President from Dr. Mills, of Old Montrose, enclosing a paper on Fevers which he wished to have read before the Association. When it was moved, seconded and carried, that no papers should be read by proxy, and the President was asked to write Dr. Mills, and invite him to be present at the next meeting, when he could read the paper himself.

Dr. Edwards, on behalf of the medical men of Strathroy, invited all present to a Dinner to be given at the Cutten House at 8 o'clock.

The meeting then adjourned, to meet again on Friday the 4th day of February, 1876, at Chatham.

## PRACTICE IN THE TORONTO GENERAL HOSPITAL.

SERVICE OF DR. CASSIDY.

SECONDARY HEMORRHAGE TEN WEEKS AFTER AMPUTATION.—J. N., æt 12, of healthy parentage, was admitted into the Toronto General Hospital on the 10th of Sept. He was playing about the shunting yard of the railway and got his left thigh caught between the buffers of the coupling cars, stripping the flesh off the thigh and greater part of the leg, and exposing the vessels, besides bruising the remaining tissues very badly. He was immediately taken to the Hospital, and the thigh amputated at the upper third. Subsequently, sloughing of the flaps took place and the bone was exposed. On the 16th of Oct. the partially cicatrized stump was opened up, and from two and a half, to three inches of the end of the bone removed, care being taken not to wound the femoral artery. The stump then healed up to within one inch or an inch and a half. On the 19th of November he complained of pain in the stump, but was unable to localize it. The pain continued throughout the day, and towards evening secondary hemorrhage set in, the artery bleeding most furiously. The bed clothes were completely saturated almost in an instant. The house surgeon, Dr. McCollum, was summoned immediately, and was enabled, with some difficulty, to control the hemorrhage, at first by pressure on the vessel where it passes over the os pubis, and afterwards by cutting down and applying a ligature to the femoral about an inch below Poupart's ligament. He experienced considerable difficulty as the tissues appeared softened, and the vessel more or less displaced by the dragging of the muscles of the stump. The patient lost considerable blood; the face was pallid; pulse weak and about 160. Stimulants and port wine were freely administered, and the patient soon improved in his condition. The foot of the bed was ordered to be raised, and the patient to be kept quiet. Under careful manage-

ment he is rapidly improving. Abscess of the stump, involving the vessel, is the supposed cause of the hemorrhage.

SERVICE OF DR. AIKINS.

ROUGHNESS OF THE ARTICULAR SURFACES OF THE ANKLE JOINT.—R. S., æt 15, a plump fleshy girl, Canadian; parents healthy; received an injury to the ankle about two years ago. She was running and got her foot in a hole, and falling, twisted or bent the ankle so as to produce great lameness. The ankle swelled, and continued swollen and painful, although under the careful treatment of Dr. Walton, of Parry Sound, who employed local applications of tincture of iodine, and gave iodide of potassium internally, and such other applications and remedies as are usually had recourse to. Still, there was little or no improvement, and she was finally sent to the Hospital on the 23rd of October. On examination it was observed that on flexing or rotating the foot, a grating sound, caused by the rubbing of the rough surfaces of the articulation, was distinctly heard. This also caused considerable pain. She is allowed to move about on crutches, and the ankle kept in rest by the application of a foot and two side splints fastened together, and adhesive plasters applied in such a manner as to keep up extension. This is done by fixing the shoe to the foot splint and applying long strips of adhesive plaster from below upwards, commencing near the ankle and carried up nearly to the knee, and then over pulleys at the upper extremities of the side splints, and made fast to cords which are tied to rings near the lower extremities of the side pieces. No internal remedies seem to be necessary. She is improving gradually.

SERVICE OF DR. GEIKIE.

SUB-INVOLUTION OF THE UTERUS.—E. J., æt 40, widow; was married fourteen years, and had six children. Father healthy, but mother died of consumption; she was confined four years ago of a still born child. There was considerable trouble in removing the after-birth which was adherent, and great flooding followed. She was, indeed, very ill, and has been sick ever since. She was admitted on the 26th of last May. She complained of constant pain in the back and the region of the womb, especially on the right side, so much so that

ovarian trouble was at one time suspected; pain running down the thighs, and a constant dragging sensation whenever she attempted to stand up, with partial prolapse of the uterus. There was also an excessive loss at the monthly periods. She had not walked for upwards of a twelvemonth after her confinement, and had taken a great deal of morphine by the mouth and hypodermically to relieve her sufferings. She was ordered to be kept in bed, and a blister was applied to the abdomen extending over to the right side; to have nourishing diet and the following internally.

R.—Pot. iodidi ..... grs. lxxx.  
 Pot. brom. .... 3 ss.  
 Tr. gent. co. .... 3 i.  
 Aq. cinnam..... ad 3 viii.—M.

Sig.—A tablespoonful three times a day.

The following to be used alternately :

R.—Tr. nucis vom. . . . . 3 iij.  
 Ext. ergot..... 3 i.  
 Acid sulph. aromat..... 3 ss.  
 Aqua cinnam..... ad 3 viii.—M.

Sig.—A tablespoonful three times a day.

Half a drachm of a solution of the persulphate of iron (24 grs. to the ounce) was also ordered to be cautiously injected into the uterus once or twice a week. Under this treatment the patient appears to be improving considerably, but it will be some time yet before she will be able to leave the Hospital.

#### SERVICE OF DR. CANNIFF.

RESULT OF FROST BITE.—J. T., æt 40, of previous good health, was working in the bush on Feb. last, and got his feet wet and both frozen. This happened about ten miles from Fergus, and Dr. Orton attended him. About three weeks afterwards, the doctor found it necessary to amputate the left foot at the ankle, and the toes of the right. The bones at the seat of amputation became necrosed afterwards, and he was finally sent to the Hospital, and was admitted on March 15th. Upon a careful examination it was decided to re-amputate the left leg, and in order to give him a stump, which would enable him to use the ordinary wooden-peg with socket for the knee, the amputation was performed a few inches below the knee. The flaps sloughed away to some extent, and more or less retraction of the stump followed. This was overcome, however, by the application of adhesive

straps to the integument, and the use of the weight and pulley, so that a very good covering was obtained by this procedure. The right foot was also cut down upon, and necrosed bones removed. More or less retraction of the stump also occurred here, and was remedied by the application of the same principle.

#### ASPIRATION IN STRANGULATED HERNIA.

CASE IN PRIVATE PRACTICE.—M. R., æt 70, widow, has suffered from a small femoral hernia ever since the birth of her last child. It was reducible, and under her own control, and therefore gave her little uneasiness or trouble. In fact, her medical attendant was never made aware that she had hernia until it became strangulated. On the 20th ult. she was seized with vomiting, which continued very persistent, and the tumor became tense, full, and irreducible. It was, also, somewhat tender. The constitutional symptoms became more marked towards evening. Nothing passed the bowels after the first motions, and the vomiting became more urgent. It was decided that nothing short of surgical interference of some kind would relieve the patient, and Dr. Fulton was sent for to perform the operation. Upon a careful examination of the case he concurred with her medical attendant in the propriety of an operation. The patient was placed under the influence of chloroform, and taxis was employed in the usual way for about fifteen minutes, but without success. The aspirator (one of Codman & Shurtleff's) number two needle, was then introduced into the hernial sac, and a small quantity of bloody serum withdrawn, after which the bowel slipped up into its place without further trouble, and thus the patient was spared the risk of a dangerous operation.

NEW OPERATION FOR FIBROUS ANCHYLOSIS OF THE KNEE-JOINT.—Last week, Mr. Maunder, London Hospital, executed the first step towards straightening the limb of a child about six years old, in a case in which the patella was firmly fixed to the lower surface of the femur. By the aid of a tenotomy-knife the fibrous tissue attaching these two bones to each other was divided subcutaneously, and the patella was then freely movable upon the femur. On the fourth day, no evil consequence having resulted, extension by a weight was begun. Some months ago, Mr. Maunder performed a similar operation on an adult with the most gratifying result.

## Selected Articles.

### ON TETANY.

BY JOHN HADDON, M.A., M.D., ECCLES, MANCHESTER.

THE history of the affection known by the name of "Tetany" is of very recent date as regards this country. In 1869, I met with a well marked case; but it was not until March 1870, when a second case came under my notice, that I found an excellent description of the symptoms in Trousseau's *Clinical Lectures*, and learned, for the first time, that the affection was already well known and named in France. It seems strange that our French neighbours should have seen so much of this affection, when in England it was unknown; and one is tempted to conclude that it had not been met with in this country. This conclusion, however, I fear would not be correct; and I am inclined to believe that, had Trousseau's lectures not been published, English medical literature might to this day have been silent on the subject of "tetany."

And here I cannot help remarking how necessary it is that each member of the profession when he meets with any disease or symptoms of which he cannot find any description in medical literature, should, as a duty, place his observations before the faculty in one of the many periodicals which we possess. Were this done, I feel confident that we would soon require new text-books; and perhaps our increased knowledge, instead of adding to the bulk of such books, would very considerably reduce the formidable dimensions which they threaten to assume.

However, probably the first notice of tetany in English medical literature was made by Dr. Moxon in *Guy's Hospital Reports* for 1870. The second notice of it is by Dr. Wilks in the *BRITISH MEDICAL JOURNAL*, June 10th, 1870. The next notice of tetany occurs in the *Edinburgh Medical Journal* for August 1870, where I recorded three cases which came under my observation. A fourth notice of this affection is published in the *BRITISH MEDICAL JOURNAL* of August 6th, 1870, by Dr. Broadbent; and the last which I have seen was by the late Dr. Currie Ritchie, in the same *JOURNAL*, on October 1st, 1870.

Thus, judging from the cases of "tetany" recorded in 1870, and remembering that Trousseau's lectures had been published but a short time before, I think the inference is warranted that the affection is not new in this country; and that we fail to find records of it earlier solely because it had not previously been described in our literature, and had no place in our nomenclature of disease. From March 1870, I saw no case until March 1875, when I met with two more, the particulars of which I shall now give with all possible brevity.

CASE I.—Mrs. T., aged 39, was married when twenty-five years of age, and had six children, the

youngest being four years old. She had one abortion before the youngest was born, and two since, the last having occurred about six months ago. For the last two years, she had suffered from menorrhagia; and, during the past twelve months, she had had diarrhoea to the extent of five or six motions daily. About Christmas 1874, she was very sick, and had excessive diarrhoea, with great pain in the head; and at this time she states that her hands felt powerless. Menstruation having continued for three weeks, ceased on March 5th, 1875. On March 8th, she had pain shooting from the back to the front of her head, and her thumbs felt stiff. In the afternoon of the same day, about three o'clock, she had an attack of tetany in the hands. On March 9th, at 1 a.m., she had another more violent attack, the feet being also affected. On March 9th, when I saw her about 10 a.m., I found her in bed. She was well nourished, and apparently a strong woman, but suffered from slight deafness. Her face was flushed, and she had an excited anxious aspect. The tongue was natural, she had no appetite, and was very thirsty. The bowels had been moved several times in the morning. The urine was abundant. She complained of great pain shooting from the back of the neck to the forehead, and some pain in the arms. She was perspiring freely. The muscles of the arms were rigid, and hard to the touch; and the thumbs were stiff and incurved. Her pulse was 80; and, with the exception of the pain in her head, she felt tolerably comfortable. I gave her one grain of opium, and prescribed half-drachm doses of bromide of potassium every hour. She remained very comfortable till 2.30 p.m., when she had the first dose of her medicine; and, in a very few minutes afterwards, she had another seizure. Having been sent for, I found her perspiring profusely, with a temperature of 97.4. Her arms and hands were alone affected. Her arms were drawn out from the sides, the forearms flexed on the arms, the hand drawn towards the ulnar side of the forearm, the fingers flexed, and the pulp of the thumb rigidly fixed against the front of the forefinger. The head still ached, but her great trouble was pain in the arms. Her breathing appeared to be affected, as if she had a tightness across the chest. She had an aspect of great anxiety; and, looking first at one arm and then at the other, complaining of the pain, she trembled all over, and declared she could not live long unless she was relieved. The muscles of the arms felt hard and rigid, like ropes; and a marked fibrillary quivering could be distinctly seen in the ball of the little finger. Straightening the flexed parts, and rubbing them, gave her relief. In about half an hour, she began to improve, and soon was tolerably comfortable, although the hardness of the arms and incurving of the thumbs still remained. She had another slight attack at 6 p.m., and a still slighter one at 8 p.m., which was the last. At night, her temperature was 98.8 deg. Next

day, March 10th, having passed a good night, she felt quite well, with the exception of some pain at the bottom of the back, and pain in the arms when they were touched. She was able to be up at night; and, next day, she was about her usual household work.

I examined the urine of March 10th, and found it to be of specific gravity 1,017, with a copious deposit of urates. Acid caused much and long effervescence, and it contained one-fifth of albumen. On March 15th, it contained one-thirteenth of albumen; and since then I have not seen her.

CASE II.—Mrs. G., aged 45, was married when twenty-eight years of age, and had had seven children, the youngest being eleven years old. She had generally been a very healthy woman. Menstruation was always normal, and ceased twelve months ago. During the past two years she had had diarrhoea more or less; sometimes having as many as twelve motions during the day, and as many in the night. The motions were very liquid, and small in quantity. There was no discharge *per vaginam*. She had pain in the abdomen, and in the small of the back. In the end of April 1875, she suffered from severe headache; at the same time, the bowels were excessively relaxed, and she had severe cramps in the hands and feet. On asking her to describe the cramps, she gave me a very good account of an attack of tetany. About the time of this attack, she noticed some spots on her skin, which is psoriasis. About the middle of March, when I saw her, she had a return of the tetany symptoms in the hands and arms. She took bromide of potassium, and was soon relieved. There was no albumen in the urine. She had spent much on medicine without any relief from the diarrhoea, which was caused by a constriction in the rectum; this having been dilated, the bowels acted regularly, and she considered herself well.

From the account I have given of these cases, some idea may be formed of the character of the affection, but no description can give a correct idea of what you would observe by witnessing an attack. Trousseau gives a very full account of the symptoms in his *Clinical Lectures*. After following its history in France, he goes on to state that he at first thought the disease was special to nurses; and though he somewhat changed his opinion, still he says it must be admitted that nursing is its most frequent and active cause. It has also been supposed that menstruation, the puerperal state, pregnancy and diarrhoea, are causes of tetany.

In one of the cases which I have related, menstruation had ceased; but diarrhoea, if we may call it such, existed, although, to speak correctly, it was really constipation.

In the other case, there were both diarrhoea and menorrhagia; and, in addition, albuminuria also.

Thus, in one case, there was, as we may suppose, a retention in the system of what should have been

excreted; while, in the other, there was a drain upon the system through the bowels, the kidneys, and the uterus. Upon what may be the real cause or true nature of tetany, we need not now speculate, since we have not a sufficient number of cases from which we might hope to arrive at a correct conclusion. Dr. Moxon has called attention to the resemblance between the symptoms of tetany and ergotism, which is certainly very striking. Still, whatever may be its real nature, it is an affection of great interest, considering the likeness it bears in some of its forms to tetanus. What Trousseau described as the "grave form" will appear to most readers to differ very slightly at all from true tetanus; and yet we cannot suppose that Trousseau was mistaken in the diagnosis. This points to the necessity there is for further observation of tetany; and, therefore, I would urge all who have the opportunity to report any case they may meet with, seeing that by so doing they will aid to our knowledge of this affection; and from it, as a stepping stone, we may be enabled to elucidate other allied and still obscure diseases, the real nature of which can at present only be guessed at.—*British Medical Journal*.

## POTT'S DISEASE OF THE SPINE.

(CLINIC, BY PROF. GROSS, PHDA.)

You see in this child a projection of the vertebræ in the dorsal region, on a level with the spines of the scapulæ. The little girl is seven years old, and this trouble was first noticed four months ago. When an infant she suffered from cholera for several months; subsequently she had measles, but not severely; although always thin and pale, she has never been particularly delicate, and was in good condition when this disease began except that her bowels are habitually costive and irregular. Her mother says she never had any appetite, and that she sleeps poorly at night, particularly during the last week; she sometimes wakes up and cries, but never complains of pain in the back.

When this trouble began, it was noticed that she was losing strength in her lower limbs; this grew rapidly worse, so that she was obliged to bend forward, in walking, and grasp the front of the thighs with her hands. This posture takes the weight of the upper extremities from the spine, and is almost characteristic of the disease we are considering. She cannot walk at all now, and has to be carried like an infant.

This affection is due to a morbid process going on in one, or perhaps two, of the bodies of the dorsal vertebræ, to which it is limited; it does not involve the lateral or spinous process. Pathologists are still undecided whether this disease begins

primarily in the spongy body of the vertebra, in the intervertebral cartilage, or in the periosteum; there is but little opportunity for settling the question by post-mortem examination, as patients rarely die in this stage of the disease. I incline myself to the opinion that it is a disease of the bodies, due to a deposit in their substance of a peculiar kind, and that it accompanies a strumous condition; it is similar to the tuberculous material found in the lungs, lymphatic glands, and elsewhere. In such subjects the morbid process is liable to be provoked by a variety of causes. A person may be apparently healthy until he receives a blow or a fall, when the disease is at once developed; or it may occur without any external injury, from a sudden suppression of the cutaneous perspiration; but I wish to impress upon you that this result could not occur, that it would be impossible, unless this predisposition to the disease were present. Just as in pulmonary consumption there cannot be tubercle developed unless the tendency to such deposit pre-exist in the patient.

In this case, this peculiar material, which always tends to disorganization and never to repair, has been deposited in the vertebrae; followed by softening and loss of substance of their bodies, sinking of the upper part of the spinal column, and curving and protrusion of the corresponding spinous processes. This is of less than six months' standing, but unless its course is stopped it will produce great deformity, and make the patient hump-backed for life.

This affection is caries of the spine, first described with any degree of accuracy by Percival Pott, of London, during the latter part of the last century, and hence frequently called Pott's disease of the spine. Scrofulous in character, it is an affection of early life; it attacks, by preference, the dorsal vertebrae, though sometimes found in the lumbar and cervical. It is easily provoked in proper subjects by slight causes, as a fall or blow, disorder of the digestive apparatus, checked perspiration, or any derangement of the general health. The early symptoms are not very marked; in many cases the first complaint is an uneasy sensation, if not actual pain, at the stomach, but this is not always present. As the disease progresses, there is weakness of the lower extremities, and the little patient stoops like an old man, and walks with his hands on his knees, as in the case before us. Pressure with the thumb upon each of the spinous processes in succession generally elicits pain when the affected ones are encountered; in some cases there is entire absence of tenderness. Usually there is accompanying derangement of the digestive apparatus. The stomach is out of order, the tongue is coated, and attacks of diarrhoea alternate with constipation; some fever may be present. As the disease advances we find signs of pressure upon the cord, preceded by symptoms

of spinal irritation; the lower extremities are benumbed, and there may be complete paralysis of motion and sensation.

The treatment naturally divides itself into local and constitutional, or mechanical and medical. The first indication is to take the weight of the upper extremities from the spine, and the second is to invite a cure by bony ankylosis of the affected vertebrae, by keeping the parts perfectly at rest. An apparatus should be applied to prevent motion and to keep the head in a line with the spine, the child being placed on her back, upon a soft mattress, without any pillow under her head, until she is cured. We sometimes resort to the actual cautery, as a counter-irritant in these cases, and in my experience it has been very useful; the issue may be kept open for six or eight weeks. This treatment has been called barbarous, and loaded with abuse, but I have learned to form my own judgment of my cases, and to rely upon it in their treatment, without regard to the medical fashion of the day. After the disease has been counteracted in this way, in the course of eight, ten, or twelve months, the patient may begin to take gentle exercise in the open air, wearing an apparatus to prevent further deformity. I will give her, as an alterative tonic—

R.	Tr. cinchonæ comp.,	fl.ʒss
	Syr. ferri iodid,	gtt. x
	Hydrarg chlor. corros.,	gr. $\frac{1}{10}$ M.

Sig.—Three times a day.

Her skin should be washed every morning, with a towel wrung out of salt water. She must have a plain nutritious diet, including eggs, rice, fish, oysters, and poultry. Attention must be paid to the skin, that its functions are well performed; it is a large surface, which now is acting poorly, the perspiration being disturbed, and excretion interfered with. On no account should you omit the recumbent posture. If properly treated by the physician and nurse, but little difficulty will be experienced in making a satisfactory cure, for hump-backs are a disgrace to their attendants.—*Med. and Sur. Reporter.*

TEASPOONFUL DOSES.—Attention is called to the difference between the size of teaspoons now and fifty years ago. A comparison of some of the last mentioned relics with those of recent manufacture show an increase in size of near twofold. Mackerel kegs, truck baskets, pint and quart bottles, fruit boxes, and many similar measures have materially decreased in our time, but teaspoons have increased. We do not offer to explain these mysterious facts of evolution and involution, but as physicians often prescribe active drugs by the "teaspoonful," we admonish them to look at the spoon.—*Med. and Sur. Reporter.*

## BELLEVUE HOSPITAL PRACTICE.

**GASTRIC ULCER—MILK TREATMENT.**—A female patient suffering with this disease was admitted, and at once placed upon such quantities of milk as could be taken without being rejected by the stomach. The amount given at first was only a teaspoonful, which could be repeated about every twenty minutes. The milk was increased in quantity only as it could be tolerated by the stomach, and the patient was then able to take half a glass at a time. In addition a piece of cardboard about the size of a five-cent nickel was dipped in nitric acid, and laid over the region of tenderness in the epigastrium, and permitted to remain until the cuticle was destroyed, when it was removed and the sore kept open by dressing it with a piece of adhesive plaster. The patient had been in the hospital several times suffering from the vomiting, etc., incident to this affection, and had usually been treated with injections. But her recovery at this visit had been equally prompt and much more agreeable, although her symptoms had been as severe as at any previous admission.—*Medical Record.*

## ASTHMATIC MIXTURE.

The following will relieve the attacks of asthma in a goodly number of cases :—

R—Potass. iodid ..... ʒ i.  
 Vin. ipecac ..... ʒ ij.  
 Spts. ether. co..... ʒ i.  
 Syr. sympliais..... ʒ i.  
 Aquæ ..... ʒ v.—M.

## EVAPORATING LOTION TO PREVENT EXTENSIVE ECCHYMOSES SUCH AS FOLLOWS BLOWS, ETC.

R—Ammoniaë muriat..... ʒ i.  
 Alcohol ..... ʒ iv.  
 Aquæ ..... Oj.—M.

Apply cold, and keep the parts constantly wet.

The following is a popular

## LAXATIVE,

and a most admirable combination. It is particularly serviceable in the treatment of dyspepsia :—

R—Sodæ bicarb ..... ʒ i.  
 Pulv. rhei ..... ʒ ij. to ʒ ss.  
 Tr. menth. pip..... ʒ ij.  
 Aquæ ..... ad ʒ iij.—Mv.

Dose, tablespoonful. Shake the bottle before taking, and repeat according to the effect upon the bowels.—*Medical Record.*

A Montreal doctor has sued his landlord, for illness caused, he alleges, by the unhealthiness of the house in which he resides.

## DELAYED LABOR, AND DEATH OF PATIENT.

In the *Detroit Medical Review* Dr. Stoddart reports a case of delayed labor. He was called in consultation to see Mrs. W.

She had become pregnant about a year previously and had been expected to have been confined about twelve weeks previous to my call. At the expected time labor pains came on feebly, She sent for the family physician. He judged from the character of the pains that she would not yet be confined, so after waiting some little time he administered an opiate. This had the effect to soon quiet all pain. Her physician left her, giving orders that he was to be called if labor came on again. He did not hear anything more from his case for a long time, when he was again called. He found the pains even more inefficient than before. After waiting some time, and finding that the pains were again dying away, the medical attendant gave ergot in increasing doses. This had no effect whatever, except it might be to quiet all labor pains. From this time forward she had no more labor pains. Till now the motion of the fœtus was quite vigorous, but soon the motions became more and more feeble, till they were felt no more. About a week or ten days after the ergot was administered, she was taken with a chill. This was probably caused by the death of the child, and the reflex influence of it upon her; at least, from that time no more motion was felt. Nothing had heretofore been done, except the administration of the ergot, to induce labor. The physician believing, as was now doubtless the case, that the fœtus was dead, though labor would now surely come on, and waited patiently from day to day, and even from week to week, for its event. But it did not come on. Counsel was called in, but for some unknown reason no surgical interference was recommended to help the patient to cast off her now dead and decaying child. In some partial explanation of this failure to relieve her, it was said that the patient was excessively tender, and that even to make a digital examination gave her the most excruciating pain. At one time the physician introduced a little way into the uterus a flexible catheter, and succeeded in bringing away a small quantity of fluid. But this was all that was done for her. No doubt this was a grave and fatal mistake. From day to day the waters dribbled away, then a sort of purulent and offensive discharge came on, and yet no help was offered the patient to enable her to cast off her burden. Days and weeks thus passed away, and counsel was again called from a distance; but it was decided that the time for successful surgical interference was past; that adhesion had taken place between the walls of the abdomen and the uterus, and that suppuration had already occurred, and that pus would soon find its way to

the surface. A few days more proved the prognosis to be only too true, for two or three abscesses rapidly formed on the abdomen. These, when opened, discharged large quantities of pus, which was soon followed by a sanious and most disgusting fluid. This was kept up from week to week till her death. Other abscesses and fistulous openings made their appearance, and at the time I saw her there were six or seven of them.

Of course I could advise nothing. I probed one or two of the older openings, and thought that I felt bone at the bottom of one. On the first day of July she died, a little over thirteen months from the time she became pregnant. I was called upon to aid in the *post-mortem* examination. The attending physician maintained that it was a case of extra-uterine pregnation. After cutting through the partially ulcerated walls of the abdomen, the uterus was found adherent on the whole of its anterior side to the abdominal parietes. The uterus was filled with the partially decayed remains of a full-grown foetus. The ovaries and fallopian tubes were normal and undisturbed. The os uteri was slightly occluded by adhesive inflammation, and not dilated in the least. Very slight force of the finger broke up the adhesion of the os, so this could have been no bar to natural labor. The patient died solely from exhaustion and septic poisoning, derived from the decaying foetus. This was a case, probably, of paralysis of the muscular structure of the uterus, whether functional or otherwise could not be determined. The examination clearly taught that surgical measures should have been employed at least after the death of the child in utero. A life, and perhaps two, were sacrificed to the inertia of the physician. The os uteri ought to have been promptly dilated, and the foetus removed at all hazards. If it could have been done before the death of the child, perhaps it would have excited the functionally paralyzed uterus to labor, and thus both lives have been spared.

### SHALL WE DISPENSE OUR MEDICINES?

It is always well to hear both sides of a question. There is at present a strongly apparent current of opinion, among a large class of distinguished general practitioners, in favour of abolishing the old practice of supplying medicine, as a part of a general medical practice. On the other hand, a very large number, probably a considerable majority of practitioners still supply medicines. They contend that to cease to do so would be to cut off two-thirds of their income; and this not merely or mainly by reason of profit on the medicines, for the fee for attendance only is commonly as high as the old fee for attendance and medicine included, but because a prescription once given will often be used for years, or become even a family heirloom or the com-

mon property of a circle of friends, so that, as one practitioner lately wrote to us, "A patient subject to recurrent gout, who used to afford me an income of about £30 a year, has, since I gave him a prescription for a ten shilling fee, not been near me for three years; I meet him occasionally, and he salutes heartily sometimes with 'A famous prescription that of yours, doctor; it cost me only ten shillings, and I always have it made up when I feel the gout coming on, and it always cures me.' What is worse is, that he has given the same prescription to all his gouty friends, whom he would otherwise have recommended to me; and even the chemist makes it up now, and sells it as his 'famous gout pills and mixture.' Thus, for ten shillings, I have sold an income of, say fifty pounds a year; and I am not consoled by the reflection that my patient and his friends are really better off, for, though they are saving money, they are all, in all probability, abusing my alkaline colchicum mixture, and injuring their constitutions. But this warning they disregarded, and, consequently, we are both probably worse off than we should have been if I had steadfastly refused to depart from the old ways." In America the rule is, we believe, pretty generally observed, that the prescription is not the property of the patient, but of the doctor who writes it merely as a direction for this occasion, just as letters are ultimately the property of the writer; and that the fee pays only for the use of the prescription at the time mentioned on it. A chemist, therefore, will not make up a prescription more than once, unless re-dated by the writer, or by a qualified practitioner. Dr. T. H. Seyfert, in the *Philadelphia Medical Times*, advocates strongly, however, the return of medical practitioners to the practice of dispensing their own medicines. Among other things, he says:

"Perhaps one of the greatest inducements to recur to the old plan of dispensing, may be found in the pecuniary benefits to be derived therefrom. An eminent physician, in speaking of the general practitioners of England, declared that they would ultimately raise themselves to be the almost exclusive medical practitioners of the land; 'for low prices, with equal qualifications, will in the long run invariably carry the day.' People may be embarrassed in determining the qualifications of their medical attendants, but they are never confronted with this difficulty in estimating the expenses. Herein lays the chief attractive point of the 'homoeopathic' practice. What can be more agreeable than to avoid taking the 'nasty medicine,' which is almost as expensive as the doctor's visits? For this reason alone there are many who will employ these charlatans, while nature is working a cure, or until some alarming symptom induces them to drop the man of sugar and appeal to the wisdom of the 'old school' doctor, whom they usually regard as their 'sheet-anchor' in the hour of real

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ASSAFOETIDA, U. S.	4 grs.	\$0 50	\$2 25
BLUE MASS, U. S.	1 and 3 grs.	50	2 25
BLUE MASS, U. S.	5 grs.	60	2 75
CATHARTIC COMPOUND, U. S.	{ Ext. Coloc. Co. Pulv. .... 1-3 gr. }	1 00	4 75
	{ Ext. Jalapa Pulv. .... 1 gr. }		
	{ Hyd. Chlor. Mite. .... 1 gr. }		
	{ Gambogia Pulv. .... 1-4 gr. }		
CATHARTIC, VEGETABLE	{ Ext. Coloc. Co. Pulv. .... 3 grs. }	1 00	4 75
	{ Res. Podophylli. .... 1 gr. }		
	{ Res. Leptandra. .... 1 gr. }		
CHINOIDINE	3 grs.	75	3 50
CINCHONIDIA, SULPHATE	1 gr.	60	2 75
CINCHONIDIA, SULPHATE	2 grs.	1 00	4 75
CINCHONIDIA, SULPHATE	3 grs.	1 50	7 25
COLOCYNTH COMPOUND EXTRACT, U. S.	3 grs.	1 00	4 75
COOK'S	{ Aloe Soc. Pulv. .... 1 gr. }	60	2 75
	{ Hyd. Chlor Mite. 3-4 gr. Saponis Pulv. .... 1 gr. }		
COPAIBA	3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEBS	3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEBS	5 grs.	1 25	6 00
DINNER (Lady Webster's)	{ Aloe Soc. Pulv. .... 1-4 5 gr. }	60	2 75
	{ Mastiches Pulv. .... 3-5 gr. }		
	{ Rose Gallica Pulv. .... 3-5 gr. }		
FERRUGINOUS (Blaud.)	{ Ferri Sulphas. .... 3 and 5 grs. }	1 00	4 75
HOOPER'S	{ Iodoform. .... 1 gr. }	50	2 25
	{ Ferrum, Redactum, (Quevenne's) 1 gr. }		
IODOFORM AND IRON	2 grs.	2 50	12 25
IRON BY HYDROGEN, (Quevenne's)	1 gr.	50	2 25
IRON BY HYDROGEN, (Quevenne's)	2 grs.	75	3 50
IRON, CITRATE AND QUININE	1 gr.	1 00	4 75
IRON, CITRATE AND QUININE	2 grs.	1 50	7 25
IRON, PROTO-CARBONATE (Vallet's Mass)	2 grs.	50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	3 grs.	50	2 25
IRON, PROTO-CARBONATE (Vallet's Mass)	5 grs.	60	2 75
IRON, PROTO-CARBONATE (Vallet's Mass)	1 gr.	75	3 50
OPIMUM, U. S.	1 gr.	75	3 50
OPIMUM AND CAMPHOR	{ Opium. .... 1 gr. }	80	3 75
	{ Camphor. .... 2 grs. }		
PEPSIN	5 grs.	1 50	7 25
PEPSIN AND BISMUTH	{ Pepsin. .... 2 grs. }	1 50	7 25
	{ Bismuth, Sub-Nit. .... 3 grs. }		
PEPSIN, BISMUTH AND STRYCHNINE	{ Pepsin. .... 2-1 2 grs. }	5 grs.	1 75
	{ Bismuth, Sub-Nit. .... 2-1 2 grs. }		
	{ Strychnia. .... 1-60 gr. }		
PHOSPHATES IRON, QUININE AND STRYCHNINE	{ Ferri, Phosphas. .... 2 grs. }	2 00	9 75
	{ Quinia, Sulphas. .... 1 gr. }		
	{ Strychnia, Sulphas. .... 1-60 gr. }		
PHOSPHORUS	1-20, 1-50 and 1-100 gr.	1 00	4 75
PHOSPHORUS COMPOUND	{ Phosphorus. .... 1-60 gr. }	1 25	6 00
	{ Ext. Nucis Vomicae. .... 1-4 gr. }		
PHOSPHORUS COMPOUND	{ Phosphorus. .... 1-100 gr. }	1 25	6 00
	{ Ext. Nucis Vomicae. .... 1-4 gr. }		
PHOSPHORUS COMPOUND AND IRON	{ Phosphorus. .... 1 100 gr. }	1 25	6 00
	{ Ferri, Phosphas. .... 1-2 gr. }		
	{ Ext. Nucis Vomicae. .... 1-8 gr. }		
PODOPHYLLIN	1 and 1 gr.	75	3 50
PODOPHYLLIN COMPOUND	{ Podophyllin. .... 1-2 gr. }	1 00	4 75
	{ Ext. Hyocyami. .... 1-8 gr. }		
	{ Ext. Nucis Vomicae. .... 1-16 gr. }		
PODOPHYLLIN AND BLUE	{ Podophyllin. .... 1-2 gr. }	1 00	4 75
	{ Pil. Hydrarg. .... 2 1 2 grs. }		
	{ Podophyllin. .... 1-4 gr. }		
PODOPHYLLIN, CAPSICUM AND BELLADONNA	{ Alc. Ext. Bel. .... 1-8 gr. }	1 00	4 75
	{ Capsic. Pulv. .... 1-2 gr. }		
QUININE, SULPHATE AND BI-SULPHATE	1 gr.	1 50	7 25
QUININE, SULPHATE AND BI-SULPHATE	1 1/2 grs.	2 15	10 50
QUININE, SULPHATE AND BI-SULPHATE	2 grs.	2 75	13 50
QUININE, SULPHATE AND BI-SULPHATE	3 grs.	4 00	19 75
QUININE, SULPHATE AND BI-SULPHATE	4 grs.	5 50	27 25
QUININE, SULPHATE AND BI-SULPHATE	5 grs.	6 50	32 25
QUININE COMPOUND	{ Quinia, Sulphas. .... 1 gr. }	2 00	9 75
	{ Ferrum, Redactum, (Quevenne's) 1 gr. }		
	{ Acid. Arseniosum. .... 1-32 gr. }		
QUININE, ARSENIC AND NUX VOMICA	{ Quinia, Sulphas. .... 1 gr. }	2 00	9 75
	{ Acid. Arseniosum. .... 1-60 gr. }		
	{ Ext. Nucis Vomicae. .... 1-4 gr. }		
QUININE, PHOSPHORUS AND NUX VOMICA	{ Quinia, Sulphas. .... 1 gr. }	2 75	13 50
	{ Phosphorus. .... 1-60 gr. }		
	{ Ext. Nucis Vomicae. .... 1-40 gr. }		
RHUBARB, U. S.	{ Rheum. .... 3 grs. }	1 00	4 75
	{ Sapo. .... 2 grs. Myrrha. .... 1 gr. }		
RHUBARB COMPOUND, U. S.	{ Rheum. .... 1-2 gr. Ol. Mentha Pip. .... 1 gr. }	1 00	4 75
SANTONIN	1 gr.	1 00	4 75
TRIPLEX	{ Aloe Soc. Pulv. .... 1-1 2 grs. }	1 00	4 75
	{ Pil. Hydrarg. .... 3-4 gr. }		
	{ Res. Podophylli. .... 3-4 gr. }		

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WE DESIRE TO CALL THE ATTENTION OF PHYSICIANS TO THE FOLLOWING EXPOSITION OF THE SUPERIORITY OF MCKESSON & ROBBINS' GELATINE-COATED PILLS:

They are *superior* in every respect to Pills coated with sugar or other substances, and preferable to plain and uncoated pills, in that they render it possible to give obnoxious substances in a compact, tasteless and, at the same time, very soluble covering.

They are pleasing in appearance, oval in form, the taste and odor of the material are completely disguised, while they *readily dissolve* in the stomach. The present method of sugar-coating pills is very objectionable, as the pills require first to be *thoroughly dried and then coated with a compound of insoluble gums*, to prevent future discoloration of the external sugar-coating, for which reason they are *frequently found to pass the intestinal canal in an almost unchanged condition*. To obviate this difficulty, and place in the hands of the Physician a *reliable and efficient agent in form readily soluble*, and at the same time *elegantly coated*, these Pills are introduced.

These Pills are thoroughly and accurately compounded in the Laboratory of MCKESSON & ROBBINS, of the best materials; are all made by hand and coated, while *soft*, with *pure gelatine*, without being subjected to any drying process, and are warranted to retain their full medicinal activity unimpaired, and to remain perfectly soluble in any climate and for any length of time.

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

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

### Important Facts about McKesson & Robbins' Gelatine-Coated Pills.

Every Physician will recognize the importance of knowing the character of the house manufacturing Pharmaceutical Preparations which they prescribe, and every druggist should be as careful in filling prescriptions.

THE REPUTATION WE HAVE GAINED FOR OUR GELATINE-COATED PILLS MAY INDUCE OTHERS TO PUT UPON THE MARKET INFERIOR PREPARATIONS AND INTRODUCE THEM THROUGH OUR PREVIOUS ADVERTISEMENT. IN SUCH AN EVENT WE PROPOSE TO PROTECT OURSELVES AND THE PUBLIC, AS FAR AS POSSIBLE, AND, IN THE MEANTIME, WOULD RESPECTFULLY ASK BOTH PHYSICIANS AND DRUGGISTS TO SPECIFY MCKESSON & ROBBINS' GELATINE-COATED PILLS IN ORDERING, SO THAT THERE MAY BE NO DISAPPOINTMENT IN RESULTS ON ACCOUNT OF SUBSTITUTION OF OTHERS CLAIMING SIMILAR MERITS. SEE "5TH" PARAGRAPH BELOW.

- 1st.—They are *reliable*, being made strictly in accordance with formulas, and of the best materials. If three of the ordinary Compound Cathartic Pills have been a dose, prescribe two of our Gelatine-Coated for the same result.
- 2d.—They are *soluble*; the gelatine, in the temperature of the stomach, being speedily converted into jelly, and the contents of the Pill left free to act.
- 3d.—They are *very easy to take*; patients, who have found it impossible to swallow a plain or sugar-coated pill, are surprised at the readiness with which the Gelatine-Coated Pill "goes down," on account of the oval shape and the nature of the coating.
- 4th.—The serious accidents which so often result, in mistaking sugar-coated pills on account of their external similarity, are rendered impossible with our Gelatine-Coated Pills, as, because of the transparent nature of the gelatine, the color of the pill-mass is always observable; the Quinine Pills being light colored; the Compound Cath., U. S., brown; Blue Pills, blue; Vegetable Cath., black, &c.
- 5th.—Our Pills are *oval* and, unlike others, *necessarily soft*, when coated. *Our process is the only one in which the mass can be coated when soft*, in fact, the pills must be soft in order to be coated by our machinery; the nature of some masses is to harden after being made, but all our Pills are soft when made, soluble and readily assimilable.

We desire to call particular attention to our Bi-Sulphate of Quinine Pills. They contain an additional equivalent of Sulphuric Acid, thus rendering the officinal Sulphate of Quinine more soluble: decidedly a great advantage over the ordinary Quininé Pill. [See *American Journal of Pharmacy*, XXV, 292.]

Our goods are procurable from all respectable druggists, or sent by mail upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your druggist's.

Yours respectfully,

**MCKESSON & ROBBINS, Wholesale Druggists,**  
91 FULTON STREET, NEW YORK.

Manufacturers of AROMATIC ELIXIRS, FLUID EXTRACTS, and all Pharmaceutical Preparations.

SPECIFY McKESSON & ROBBINS'.

McKESSON & ROBBINS'

# SYRUP OF THE PHOSPHATES OF IRON, QUININE ET STRYCHNIA.

(DR. AITKEN'S.)

This syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of



*Chronic Diseases.* The elements of its composition are present in the system, and a proper proportion of them is essential to health.

DOSE.—From 30 drops to 1 drachm.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

FLUID EXTRACTS.

AROMATIC  
**ELIXIR**  
OF  
**CALISAYA**  
**BARK**  
WITH  
Pyrophosphate of Iron.

TRADE  
  
MARK.

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

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

MANUFACTURED BY  
**McKESSON & ROBBINS,**  
*Druggists & Pharmacists,*  
91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,  
NEW YORK.

- Elixir, Belladonna Compound
- " Bismuth and Strychnia.
- " Blackberry Root.
- " Bromide of Ammonium.
- " " of Potassium.
- " " of Sodium.
- " Buchu.
- " " Compound.
- " Calisaya.
- " " with Pyrophos. of Iron
- " " with Am. Cit. of Iron.
- " " Iron and Bismuth.
- " " Iron and Strychnia.
- " " Arsenic and Strychnia
- " " Bismuth
- " " Iron, Bism. & Pepsin.
- " " Iron, Bism. & Strych.
- " " Iron and Quinia.
- " " and Strychnia.
- " Cherry Bark.
- " Chloral Hydrate.
- " Ciuchona.
- " Colombo.
- " Dandelion.
- " " Compound.
- " " and Iron.
- " Ergot.
- " Gelsemium.
- " Gentian.
- " " and Chloride of Iron.
- " " and Colombo.
- " " Compound.
- " Guarana.
- " Hellebore.
- " Hellebore Compound.
- " Helonias Root Compound.
- " Hop.
- " Iron, Bismuth and Strychnia.
- " Juniper.
- " Lacto-Phosphate, Lime & Peps.
- " Leptandra.
- " Lupulin.
- " Mandrake.
- " Mandrake, Compound.
- " Matico.
- " Matico, Compound.
- " Muskroot.
- " Muskroot, Compound.
- " Orange Peel.
- " Pareira Brava.
- " Pareira Brava, Compound.
- " Pepsin.
- " " and Bismuth.
- " " Bismuth and Iron.
- " " " Iron & Strych.
- " " " and Strychnia.
- " " " and Strychnia.
- " Phosphate of Iron.
- " " Iron, Quin. & Strych.
- " Pyrophosphate of Iron.
- " Propylamin, 4 oz.
- " Quinia.
- " " and Arsenic.
- " " Arsenic and Iron.
- " " " and Strychnia.
- " " " on, Bis. and Pepsin.
- " " " and Strychnia.
- " " " and Strychnia.
- " " and Strychnia
- " Rhubarb and Fluid Magnesia.
- " Senna, Compound.
- " Simple.
- " Strychnia.
- " Taraxacum, Compound.
- " Valerianate of Ammonia.
- " " " & Quin.
- " " of Strychnine.
- " " Iron and Strych.
- " " Quinia.
- " " Zinc.

AROMATIC  
**ELIXIR**  
OF  
**GENTIAN**  
WITH  
CHLORIDE OF IRON.

TRADE  
  
MARK.

A pint of this Elixir represents 128 grains of Extract of Gentian, with 128 grains of Per-Chloride of Iron. The union of the pure bitter of the Gentian and the tonic powers of the Iron makes this a valuable remedy in cases of debility of the digestive organs.

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

MANUFACTURED BY  
**McKESSON & ROBBINS,**  
*Druggists & Pharmacists,*  
91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,  
NEW YORK.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

In ordering of your Druggist be careful to specify McKesson & Robbins'.

We have been much gratified by the receipt of a number of letters from Physicians and Pharmacists, speaking in the highest terms of the **STRENGTH and reliability** of our Fluid Extracts, for they convince us that our efforts to elevate the standard, or rather to

## Compound Syrup of the Phosphates of IRON, LIME, POTASSA AND SODA.

(CHEMICAL FOOD.)

This Syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of *Chronic Diseases*, and to build up the strength of persons wasted by long continued ill health.



The elements of its composition are present in the system, and a proper proportion of them is essential to health. In this preparation the Phosphates are presented in a soluble and elegant form.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

maintain the proper standard, of these important Pharmaceutical Preparations have been successful. We shall always endeavor to merit the reputation we have earned.

## SYRUP OF LACTO-PHOSPHATE OF LIME.

(DR. DUSART.)

This Syrup, after the formula of Dr. Dusart, contains the recently precipitated Phosphate of Lime, dissolved in Lactic Acid, two grains in a fluid drachm. The value of



this preparation will be readily appreciated in cases of deficient nutrition in the different forms of Scrofula, Phthisic and Dyspepsia.

DOSE.—A tea-spoonful.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

Syrup Iodide of Iron.  
Syrup Lacto-Phosphate Lime, Soda and Potassa.

## SYRUP OF THE HYPOPHOSPHITES OF LIME, SODA, POTASSA AND IRON.

This Syrup combines the earthy and alkaline hypophosphites prescribed and used by Dr. Churchill, as a



remedy in Phthisic, Nervous Diseases and General Debility, supplying Phosphorus to the system.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY  
**McKESSON & ROBBINS,**  
*Druggists and Pharmacists,*  
NEW YORK.

Syrup Hypophosphites Lime, Soda and Potassa.  
Syrup Sarsaparilla with Iodide of Calcium.

Syrup Lacto-Phosphate of Iron.  
Syrup Lacto-Phosphates Lime and Soda

Syrup Hypophosphite: Iron.  
Syrup Hypophosphites Lime and Soda.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

trouble, but, like the sheet-anchor, he is only thought of when there is danger of a wreck. The druggist's bill is an item of no mean importance, particularly so to those in moderate circumstances, and we need not wonder that there exists a strong desire to escape a bill of this kind, which, in case of tedious illness, is sometimes as large as that of the attending physician. It is said that a retired apothecary, upon being asked how he made his fortune, promptly responded, 'By selling aqua destillata.' Now, aqua *Schuylkillensis*, though not so elegant, is in many instances quite as efficacious, and may be had for nothing. A few drops of aconite, nitre, or morphia disseminated through this vehicle will answer all the purposes of the same mixture put up in a bottle elaborately labelled, wrapped and tied, and will be the means of saving time, trouble, and expense.

"Many will be surprised at the number of remedies in daily demand that are, or can be, used in a very concentrated form, also at the number of solid substances capable of being held in strong solution. Dr. Squibb of New York has invented a ready way of accurately dispensing powerful fluids by using a pipette with a capacity of from one to thirty minims. This little instrument is used by plunging it into the liquid in the vial up to the minim mark which indicates the desired quantity, then, closing the upper end with the forefinger, the charge is transferred to the vessels in which the doses are to be mixed. Dr. Squibb also offers a list of forty-five articles of the active materia medica in their most potent and concentrated form.

"Did space permit, I might dwell upon the easy manner in which this mechanical duty may be performed, and enumerate the many valuable remedies that may be prepared in such a way as to occupy but a very small space in the pocket-case, from which they can be dispensed with advantage to ourselves and patients."—*British Medical Journal*.

### ESMARCH'S BLOODLESS SYSTEM IN THE TREATMENT OF ANEURISM.

Staff Surgeon, Dr. Reed, Royal Naval Hospital, Plymouth, reports the following case in the *Lancet* :

J. F—, aged thirty-seven, chief boatswain's mate, was received from H.M.S. *Arab* on August 10th, with a left popliteal aneurism, of the sacculated variety. The tumor had attained a considerable size with strong pulsation. It was caused by a strain incurred three weeks previously while lifting sails.

Strict rest with farinaceous diet, were first enjoined, and on the 19th, treatment by genuflexion was commenced. On the 23rd this was abandoned, owing to the severe pain and œdema of the leg

which it caused. On the 26th two Carte's compressors were applied, one to the main trunk at the pelvic brim, the other at the apex of Scarpa's space. After four hours' continuous compression, pulsation in the aneurism ceased, but shortly afterwards returned. Numerous attempts have since been made by various forms of compression to arrive at a cure, but without success. Pulsation continued, and the swelling did not sensibly diminish. The aneurism was apparently being supplied to a certain extent by the collateral circulation.

On the 10th of September, having performed a protracted operation for necrosis of the femur in another patient, during which the limb was kept bloodless for an hour and ten minutes without producing any subsequent injury or inconvenience to the circulation, it occurred to me that Esmarch's system was well worthy of trial in the case of aneurism, as more likely than any other plan, to produce complete stagnation of the contents of the sac, and so lead to their coagulation.

Accordingly I removed the compressing apparatus which was in use that day, and left the patient alone till the morrow, when, at 10.20 a.m., I bandaged the limb with the elastic roller, from the toes upwards to the junction of the middle with the lower third of the thigh. It was applied lightly over the aneurism, so as not to compress it. The elastic tubing was then wound round the limb over the highest turn of the bandage, which was now removed. The entire circulation below the tubing was found to be arrested. The limb had assumed a death-like pallor, and gradually lost temperature. The aneurism was of its usual size, and pulseless.

After fifty minutes, the patient complaining of severe pain above the seat of constriction, a Carte's compressor was adjusted to the main trunk at the pelvic brim, and the elastic tubing removed. On raising this compressor a few minutes afterwards, I could detect no pulsation in the aneurism; several small vessels were beating strongly round the joint, and the collateral circulation appeared to be established. The compressor was readjusted and left in charge of the patient, who had already been well accustomed to its use. He was ordered to apply the compression lightly and in an intermittent manner, so as not to distress himself. He continued doing this more or less until the evening of the following day, when the apparatus was removed. The tumour had been frequently examined by myself and others, and was always found to be pulseless and sensibly diminishing in bulk.

Sept. 15th.—There has been no pulsation, and the swelling is still getting smaller, so that I regard the aneurism as practically cured. There has been no constitutional disturbance, and the only complaint I have been able to extract from the patient is a feeling of numbness in the three outer toes, with occasional darting pains up the outer side of the leg. The femoral artery can be felt beating as

far as the seat of constriction (where the tubing had been placed), but not beyond. There are several small arteries pulsating round the joint, one particularly to the inner side of the patella. The numbness and pains complained of are to day nearly gone.

*Remarks.*—The simplicity and apparent safety of this mode of treating aneurisms, as well as the rapid success which followed its application in the case which I have recorded, will doubtless commend it to many as at least worthy of trial.

I have been particular in giving the details of treatment, as any one of them may have been essential to success. The explanation appears to be—the coagulation of blood in the sac, consequent upon its complete stagnation. The aneurism itself probably remained full, but the entire circulation in the parts was arrested, and it is possible that the loss of temperature and that particular condition of the tissues closely allied to death, may have had some effect in the formation of the coagulum. How long it may be necessary to keep the limb bloodless in order to produce this result is a question which must be decided by future practice.

My reason for compressing the main trunk for some time afterwards was that the force of the blood-current might have broken down and washed away the newly-formed clot before it had time to become tough and solid, and the sac to contract over it.

The experience of surgeons will no doubt suggest improvements in this plan of treating this disease. It may be even necessary in certain cases to inject fluids into the sac to promote coagulation while the limb is kept bloodless. This, however, is a mere suggestion, and I must content myself for the present with indicating and illustrating by a practical example what, so far as I know, is a new treatment of aneurism, as well as an instance of the great service which Esmarch's system seems destined to render to surgery.

**CHEAP DOCTORS.**—Some medical men seem to think very humbly of the value of their services. Even in London there are medical men who contract to supply advice and medicines for a week for the modest sum of one shilling; or, if the patient is to be visited at home, half-a-crown. Perhaps the most striking instance of this "humbleness" that has come under our notice is that of Mr. Palmer, who, in announcing the discontinuance of all his medical clubs except the Stoke and Melford one, intimates in a handbill that any of the labouring classes wishing to consult him may do so on payment of *threepence*, to include advice and medicine for one person. Those wishing to be visited at home must pay sixpence. We must be permitted to question the right, speaking ethically, of any man to offer medical attendance on

terms which must bring the profession into disrespect. The public, even the poor, ought to know that mere medicines cannot be supplied good and sound on any such terms. There is an unflinching connexion in regard to medicine between what is cheap and what is to be avoided. This is not the case of a well-organised club or provident dispensary, encouraging the working classes of a district to make provision, by weekly and systematic payments, for good and respectable medical attendance. Such institutions deserve every encouragement. But the case we condemn is that of offering medical services on terms which can only bring them into contempt. There may be no law against such a system, but there is a great unwritten understanding that a man owes something to the dignity of his calling.—*The Lancet.*

**NEW RHINOPLASTIC OPERATION.**—At the recent meeting of the British Medical Association Dr. James Hardie, of Manchester, gave an account of a new rhinoplastic operation, which consisted in the substitution of the upper phalanx of the forefinger for the nasal bones and cartilages, so as to give the required nasal prominence. In the case of a young girl who had lost both nasal bones and cartilages, Dr. Hardie, after failure of other methods, bandaged the arm in such a position as to enable the forefinger to be laid and plastered upon the nasal cavity, in which position the finger was kept for about three months. Gradually the forefinger became attached to the cavity, and ultimately the upper phalanx was separated from the rest by the forceps. Dr. Hardie's first intention was to employ the finger merely as a substitute for the nasal bones and cartilages, and to lay over it flaps of skin from the face or arm in the usual manner, and to this plan he ultimately returned, although at one time he was so satisfied with its appearance as to think of using the phalanx itself as a substitute for the nose.—*Boston Med. and Sur. Journal.*

**PREVENTION OF THE FORMATION OF MILK.**—Dr. Peaslee said that he had received from Dr. W. R. Wilson, U.S. Army, stationed at Fort Wayne, a communication in regard to the treatment of the breasts in cases where it was desirable to prevent lactation. Dr. Wilson wishes him to get the opinion of the Academy on the subject. Dr. Wilson's method consisted in strapping the breasts tightly after delivery, by means of strips of adhesive plaster. Dr. Peaslee said since his attention had been directed to the matter by Dr. Wilson, he had tried it in five cases of stillbirths, where it was desirable to suppress the milk. In all of the five cases the results were perfect. The method of using extract of belladonna had never been satisfactory, and the suggestion of Dr. Wilson was very important.—*N. Y. Med. Jour.*

## SALICYLIC ACID IN DIPHTHERIA AND AS AN ANTISEPTIC.

Dr. G. H. Rohe (*Baltimore Physician and Surgeon*) says that salicylic acid has been much recommended in diphtheria, and he has collected a number of interesting particulars on this head. He considers salicylic acid a valuable remedy in diphtheritic affections. He says that Dr. Wagner has used a solution of the strength of one part to one hundred of water as a mouth-wash and gargle in the various forms of stomatitis, in angina, and in diphtheria. In the latter disease he gives internally from 2 to 5 grains every two hours in water or wine. He has treated with this remedy 15 cases of diphtheria, some very severe ones among the number, without the loss of a single case. Complete disappearance of all local and constitutional symptoms followed in from 3 to 5 days in the milder cases, and in 8 days in the more severe ones. Gargling with the solution in this disease did not appear to effect the progress of the disease to any great extent. It should, however, be employed as an additional aid in all severe cases.

Dr. Wagner considers the effect of the remedy to depend upon its antizymotic properties, destroying the fungus or ferment in the blood, through which fluid it acts when taken internally.

Dr. Fontheim has also used the acid in diphtheria, and thus relates his experience with it in *Memorabilien*:—Since the end of October, 1874, I have treated 31 cases of diphtheria with salicylic acid, and I do not hesitate to assert that this remedy will answer all demands made upon it in this disease. Of the 31 cases, not one resulted fatally, and the duration of the disease was not more than 8 days in the severest cases; those of a milder type recovered in from 2 to 4 days. I have had no case of diphtheritic nephritis since using this remedy, and paralysis of the throat followed in only one instance. Formerly both paralysis and diphtheritic nephritis occurred frequently as complications of the disease." Dr. Fontheim also gives iron, quinine, wine and nutritious food, and abundance of fresh air. We may suggest that the last portion of the prescription is perhaps the most important.

A teaspoonful of a solution made by dissolving one part of the acid in one hundred parts of water, with the aid of a little spirit of wine, is given every 3 or 4 hours. The same solution is applied to the throat every 4 or 5 hours by means of a sponge probang.

Drs. Hanow, Langfelt, and others, both in Germany and Britain, have also employed salicylic acid in diphtheria. The chief advantages claimed for salicylic acid as an antiseptic are:—

1. It is antiseptic.
2. It is odourless. This not only makes the

application of the remedy more agreeable, but the limit of its effect can be easily measured when used in foetid discharges, and the amount employed can be regulated accordingly.

3. It is non-irritating when applied to the skin, to wounds, or to granulating surfaces.

4. It is not poisonous when absorbed into the circulation.

Some important observations by M. Wagner on salicylic acid appear in the *Journal für Praktische Chemie*. They are thus summarised by Dr. Stevenson, in the *Journal of the Chemical Society*:—

1. Salicylic acid is superior to phenol (carbolic acid) as a disinfectant for fresh wounds and old sores.

2. A disinfecting action is insufficient for venereal sores, and corrosion is requisite.

3. In eczema of the head and face, with discharge, salicylic acid is extraordinarily efficacious, presumably because it quickly destroys the contagium.

4. In all cases where fermentative changes occur in the contents of the alimentary canal salicylic acid acts more efficaciously than other antiseptic substances, since it can be administered in larger doses.

5. Its use is highly promising as a prophylactic in all diseases in which it is believed that the morbid processes are connected with microscopic organisms. In diphtheria not only is salicylic acid a powerful restorative remedy, but it also appears to shorten the course of the disease.—*The Doctor*.

A NEW TEST FOR MORPHINE.—M. Huseman (*Journal de Pharmacie et de Chimie*) gives the following new test for this alkaloid:—The solution containing morphia or any of its salts is shaken up for half-an-hour with concentrated sulphuric acid at a temperature of 100° C. (boiling point) and to the solution after cooling is added a drop of nitric acid or a small quantity of nitrate of potash, chlorate of potash, hypochlorite of soda, or perchloride of iron. A beautiful blue or purple color at once appears, passes slowly into a blood-red, and at last fades considerably. This reaction does not take place with pure morphine, but only with morphine which has been modified by acting on it with sulphuric acid. By means of this reaction the 1-100th part of a milligramme (= 1-1000 part of a grain) of morphia can be detected. It is true, says Mr. Huseman, that Frohde's reagent (a solution of molybdate of soda in sulphuric acid) gives a violet color in a solution which contains only the 1-200th part of a milligramme, but Frohde's test gives a similar reaction [with papaverine, salicine, and many other organic bodies. Thus Huseman's test, though perhaps less delicate, is at any rate, more reliable than Frohde's test.—*The Doctor*.

## TRANSACTIONS OF THE NEW YORK OBSTETRICAL SOCIETY.

Reported by PAUL F. MUNDE, M.D., *Secretary*.

STATED MEETING, DECEMBER 15, 1874. THE  
PRESIDENT, DR. BYRNE, IN THE CHAIR.

TRACHEOTOMY TROCAR.—Dr. L. Rodenstein (*N.Y. Obstet. Society*) showed a curved trocar and canula, which was to be plunged into the trachea at once without making any incision or losing time in laying bare the trachea in any case, in which the immediate performance of tracheotomy was indicated. The canula is made of silver, and provided with small holes, for the insertion of tape and the attachment of the tube around the neck of the patient. He had not yet used the instrument, but thought he should do so at the first opportunity.

## TUBAL PREGNANCY TREATED BY A NEW OPERATION.

Dr. G. T. Thomas was called to see a lady, who had always menstruated regularly, and never been pregnant, was last unwell Oct. 25th, 1874, the menses apparently ceasing in consequence of pregnancy, various signs of which were present. In the second month a tumor became palpable in the hypogastrium. Five weeks ago, less two days, she was suddenly seized with violent pains in the left iliac region; a physician was at once called, and found her with severe bearing-down pains, and bathed in perspiration. Repeated doses of Magendie's solution hypodermically, failed to relieve the pain until narcotism was induced.

Dr. Thomas considered the violent pain to be contractions of the cyst precursory of its rupture, and advised operative interference. Dr. Sims was called in to see the case, and agreed with the opinion reported to him as having been expressed by Dr. Thomas. The family were anxious to have something done, and Dr. Thomas decided on removing the foetus. The operation was performed Sunday, Feb. 7th. Having seen in all nine cases of extra-uterine foetation, four before rupture, all of which he had diagnosed, and having therefore some experience in the matter, Dr. Thomas decided to try a plan of operating different from the main operations—gastrotomy and tapping the cyst, and injecting it with medicated fluids, neither of which gives very successful results. The operation performed in this case was the following:

By avoiding the peritoneum it was hoped that the danger of peritonitis would be removed. The patient was placed in the semi-prone position, and Sims' largest speculum introduced; the cervix was seized with a tenaculum and pulled to the right,

the left wall of the vagina with another tenaculum and drawn to the left, thus putting the left vaginal insertion sharply on the stretch. With the knife of the galvano-caustic battery (Byrne's, which worked admirably) an incision two inches in length was made from the cervix to the left ilium, six minutes being occupied in performing this part of the operation, during which no blood whatever was lost. The cyst could then be felt and was punctured, giving sudden exit to a quantity of light-pink liquor amnii, but no blood. The view frequently entertained, that the contractions are caused by the effusion of blood into the sac, is thus disproved in this case. The foetus lay transversely, with its head towards the cervix. The fingers were introduced, the foetus turned and easily extracted as far as the head, which could only be brought through the incision by seizing it with the placental forceps. The umbilical cord was broken; traction was made on the cord, and the placenta readily followed, when a rush of blood of such violence occurred as to reduce the patient to syncope and necessitate the leaving one-half of the placenta still adherent. One ounce of undiluted liquor ferri was injected into the sac, temporarily arresting the hemorrhage; it soon returned, however, and a roll of cotton, saturated three days before in a solution of persulphate of iron and dried, was packed into the sac, and controlled the bleeding. The patient complained of acute pain in the sac after the operation similar to that experienced before, probably due to contractions of the sac. She did well until the Thursday following, when the tampon was removed from the sac, the vaginal tampon having already been removed forty-eight hours after the operation. Carbolyglycerine and water was injected into the sac. On the following day, Friday, the patient was much worse, and showed all the symptoms of septicæmic poisoning; temperature 104°, dry tongue, prostration, etc., and a fatal issue appeared imminent. An elastic tube was passed up into the sac, and a weak solution of carbolic acid injected. This operation has been repeated every six hours by an assistant until the present day; the patient has been gradually improving, the temperature is nearly normal, and the lady bids fair to recover.—*American Journal of Obstetrics*.

MEDICAL ADVERTISING.—The following resolution was last week proposed by Dr. Parsons, seconded by Dr. Bowles, and carried unanimously, at a full meeting of the East Kent District Branch of the British Medical Association.

"That, in the opinion of this meeting, the practice of advertising medical books in the public papers is derogatory to the interest and dignity of the profession, and likely to occasion social inconvenience and annoyance, and should therefore be abandoned."

## Medical Items and News.

**COMPLICATED OVIOTOMY.**—A case of ovariectomy complicated with pregnancy and Cæsarean operation is recorded by Mr. Thomas Hillas, M.R.C.S. Eng., in the *Australian Medical Journal* February, 1875. M. McC., aged 24, single, was admitted into the Ballarat District Hospital on June 4th, 1872, having previously been in another hospital for supposed pregnancy, and been discharged after a seven months' residence as suffering from ovarian tumour. After admission at the Ballarat District Hospital, she was examined by the staff, and a consultation held, when ovariectomy was decided on. On June 13th, Mr. Hillas commenced the operation, and, in entering the peritoneal cavity, cut into a gravid uterus. The abdominal incision being enlarged, an ovarian tumour was removed, and the clamp applied to the pedicle; the uterus all this time lying on the thighs, with a wound probably into the placenta. The general advice was to sew up the wound in the uterus, and let nature take its course; but Mr. Hillas, thinking labour must soon come on, and fearing rupture of the uterus at the wounded point, decided to perform Cæsarean section. The uterus was incised to five inches; and the placenta, with a living and well developed fetus at about the eighth month, extracted. Nine or ten silver sutures were then put into the uterus, the cut ends being carefully tucked down into the incision. The uterus immediately firmly contracted. The abdominal wound was then closed with deep and superficial stitches, the clamp at the lower angle of the wound having a good deal of drag on it. The patient vomited for forty-eight hours after the operation. In four days, all unfavourable symptoms ceased, and she was discharged cured at the end of six weeks. On July 3rd, a month after the operation, she menstruated moderately for four days; and again on August 28th. She has since been seen several times in good health. [The success attending ovariectomy during pregnancy, without interfering with the uterus, is well established by many successful cases. The above case seems to show that we need not be in despair if such a very unfortunate accident as wound of the uterus occur. It would be very interesting to have the farther history of the silver sutures, especially should the woman again become pregnant.]—*Brit. Med. Journal*.

The *Lancet* records the death, at the age of forty-six, of Dr. F. W. Headland, well known in this country as the author of an excellent and popular work on the "Action of Medicines." Dr. Headland was senior physician to Charing Cross Hospital, and was highly esteemed by his professional brethren.

**A PROPHYLACTIC FOR SORE NIPPLES.**—Dr. Julius Fehr writes (*New York Medical Record*, August 21st):—The curative, as well as the palliative, treatment of sore or cracked nipples being well known to be futile, my aim for a long time was directed to the finding of a reliable prophylactic. After trying a good many formulas of others, and combinations of my own, I came at last to the use of tannate of lead, the "cataplasma ad decubitus" of the *Pharmacopœia Germanica* with the addition of a little glycerine to modify, in some degree, the excessive drying properties of that preparation. This "plumbum tannicum pulifforme" I had applied, for about one month before parturition, two or three times a day, directly to the nipples. This I found "tanned" the nipples in so thorough a manner that they were perfectly able to withstand all suckling, and all pulling on the part of the infant successfully. At the same time, I use a piece of cotton felt, about one inch and a half in diameter, and half an inch in thickness, with an aperture in the middle large enough to give free access to the nipple. This will not only prevent the pressure of the garments on the nipples, but will give, at the same time, to the nipples a chance to develop themselves better, which is often so much needed.—*Brit. Med. Jour.*

**STONE IN THE BLADDER OF A MALE CHILD ONLY TWENTY MONTHS OLD—LITHOTOMY—CURE.**—William George E., twenty months old, was admitted into the hospital under the care of Mr. Teevan, on July 13, 1874, suffering from stone in the bladder. He had been brought to the outpatients' room a few days previously by his mother, who complained that the child began to experience difficulty in making water about five months ago, and that three months ago he commenced crying every time he urinated, and that the act of micturition was always accompanied by the escape of fæces. Child born at Greenwich. No information could be obtained regarding the father or mother. Child is very emaciated and sickly-looking. Cries out every time he makes water, when the bowel also descends. On July 20, Mr. Teevan, at 3 p.m., introduced a No. 6 rectangular staff, and having given it to Mr. Walter Coulson to hold, extracted by the lateral operation a pyramidal-shaped phosphatic calculus weighing one drachm. At 10 p.m. the pulse was 140, and temperature 99°.

On July 21, at 10 a.m., pulse was 173, and temperature 99.3°. Patient quite comfortable, and free from any tenderness in the hypogastric region. Urine commenced to pass through the penis on July 31, and on August 8, the wound was quite healed. The patient left the hospital on August 21, much improved in health and not suffering from incontinence of urine.—*Medical Times and Gazette*.

**EPILEPSY TREATED BY NITRITE OF AMYL.**—Dr. James H. McBride (*Chicago Journal Nervous and Mental Disease*, April, 1875) adduces a large number of experimental and several clinical observations to show the value of amyl nitrite in epilepsy. He says that in an epileptic seizure there are three steps, (1) irritation acting on the medulla, (2) contraction of the arteries of the brain, and (3) cerebral anæmia followed by convulsions, which result from a loss of cerebral control. From experiments and theories he concludes that a bloodless condition of the brain with its sudden arrest of nutrition, is the proximate cause of an epileptic seizure. To relieve this cerebral anæmia he suggests the use of nitrite of amyl to prevent contractions of the arteries of the brain and produce dilatation when they have contracted. In six cases treated by this remedy, benefit was obtained in each case most evident when the aura was greatest. Dose is five to ten drops inhaled from a piece of cotton once or twice a day, according to the nature of the case.—*Med. Review Detroit*.

**BISMUTH AND CREASOTE IN INFANTILE VOMITING.**—Dr. Mackey, in the *British Med. Journal*, says: The present epidemic of diarrhoea has furnished us at the Birmingham Children's Hospital with a large number of cases, in which vomiting, has seemed a more than usually frequent and troublesome symptom. Purgatives or ordinary astringents being either premised or contra-indicated, a valuable remedy is known in quarter or half drop doses of dilute hydrocyanic acid, with a grain or two of soda in camphor or dill water. But in severe cases with much depression, and in many cases as an alternative treatment, bismuth and creasote together will be found extremely good. They may be well combined by dropping a minim of the liquid first upon a small quantity of magnesia, rubbing up with eight grains of subnitrate of bismuth, and dividing into four powders; for elder children, into two. They should be freshly prepared for use, and to infants given gently on a moistened finger-tip every three, four, or six hours. In the intervals, my cases generally get a little saccharated lime-water with milk. This plan I have proved now several years with much success. It is not more infallible, perhaps, than others, nor will it supply for the carelessness or bad hygiene of poor mothers, but, over some approved remedies, it has this advantage, that it can do no harm.

**A NOVEL BUT EFFECTUAL SCREEN.**—Recently, one of the most eminent naval surgeons was stationed off the West Coast of Africa. At the station, the chief surgeon on shore, who had a very large practice amongst all classes of the community, native and English, was sorely harassed by the large number of deaths which occurred in a short time amongst his patients. At his wits' end to obviate the discredit which he feared might

ensue to himself should he not be able to stop, or at any rate to remove from his own shoulders the responsibility of these numerous fatal cases, he hit upon the expedient, when he found his patient to be *in extremis*, of sending to the naval surgeon to meet him in consultation. This he did in six consecutive cases, with the result that some twenty-four hours after the consultation, the patient died. When he sent the seventh time to the naval surgeon, the latter politely declined the consultation, on the ground that, unless his medical colleague on shore could arrange to meet him before things became desperate, he felt that even a large fee must not tempt him to laboriously earn the reputation of his visits, being the invariable harbinger of death. Surely many physicians might complain with equal cause, that their aid is too often sought by their medical brethren when their experience and skill can be of no possible avail. We commend this incident to the thoughtful consideration of general practitioners throughout the United Kingdom.—*Brit. Med. Journal*.

**DR. CHEYNE AND DR. WINTER** in Bath, fifty years ago. At the time Dr. Cheyne and Dr. Winter were the two principal physicians at Bath, they adopted very opposite modes of practice; but the former gave some credence to his prescription of milk-diet by making it the principal article of his own sustenance. On this occasion Winter wrote him the following stanzas:

"Tell me from whom, fat-headed Scot,  
Thou didst thy system learn:  
From Hippocrates thou hast it not,  
Nor Celsus, nor Pitcairn.  
Suppose we own that milk is good,  
And say the same of grass—  
The one for babes and calves is food,  
The other for an ass.  
Doctor, one new prescription try  
(A friend's advice forgive),  
Eat grass, reduce thyself, and die,  
Thy patients then may live."

Dr. Cheyne's answer:

"My system, Doctor, is all my own,  
No teacher I pretend:  
My blunders hurt myself alone,  
But yours your dearest friend.  
Were you to milk and straw confined,  
Thrice happy might you be;  
Perhaps you might regain your mind,  
And from your wit get free.  
I can't your kind prescription try,  
But heartily forgive:  
'Tis natural you should bid me die  
That you yourself may live."

**PROFESSOR DEPAUL.**—It is reported that Professor Depaul, of Paris, has been invited to Brazil, to assist the daughter-in-law of the Emperor in her approaching confinement. His fee is to be \$50,000, with \$10,000 for his expenses.

**BROMIDE OF AMMONIUM IN CATAMENIAL EXCESSES.**—Dr. J. K. Black, of Newark, Ohio, has often tested the efficiency of this preparation in non-structural excesses, and he speaks (*Cincinnati Lancet and Observer*, May, 1874) with confidence of its valuable powers. He says he no more certainly anticipates the arrest of an attack of ague by the administration of quinia, than does he anticipate the control of the forms of catamenial excess referred to by the proper administration of the remedy; an essential rule is that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself precedes the flow by several days. Any associated disorder, which has even a remote bearing upon the menstrual excess, should, of course, receive appropriate attention.—*Am. Four. Med. Sciences.*

**POISONING BY CARBOLIC ACID.**—Mr. F. Warren Resident Surgeon at Steeven's Hospital, Dublin, relates the case of a man who drank some solution of carbolic acid intended for disinfecting purposes, mistaking it for whiskey. Its action was most rapid; he immediately became insensible, falling down suddenly as if in a fit; on his recovery he said he remembered nothing whatever after tasting the liquid. When brought to the hospital he was suffering from extreme syncope. The stomach pump was used, stimulant enemata administered, and after about seven hours he recovered his consciousness and gradually rallied from the depression. An attack of acute gastritis followed. The urine passed the day after the accident was almost black, but was free from turbidity, and no trace of carbolic acid, blood, or albumen could be detected in it.—*New Remedies.*

**A NEW BURN-MIXTURE.**—In the *Am. Four. of Pharm.*, of August, Mr. Charles Rice, of Bellevue Hospital, gives the following formula for a burn-mixture: "Take of the best *white glue* (extra) fifteen ounces. Break it into small pieces, add to it 2 pints of cold water, and allow it to become soft. Then melt it on a water-bath, add to it 2 fluid ounces of glycerine and 6 drachms of carbolic acid, and continue the heat on the water-bath until a *glossy, tough skin* begins to form over the surface in the intervals of stirring. The mixture may be used at once, after the glue is melted and the glycerine and carbolic acid are added, but, when time allows, it is advisable to get rid of a little more of the water, until the proper point is reached. On cooling, this mixture hardens to an elastic mass, covered with a shining parchment-like skin, and may be kept for any time. When using it, it is placed for a few minutes on the water-bath

until sufficiently liquid for application (it should be quite fluid). Should it at any time require too high a heat to become fluid, this may be corrected by adding a little water. It is applied by means of a broad brush, and forms in about two minutes a shining, smooth, flexible, and nearly transparent skin. It may be kept for any time, without spoiling, in delf or earthen dishes or pots turned upside down."

This application is transparent, clean, has a body, dries rapidly, and is flexible, and has been for some time in use in the hospitals of this city. Its preparation requires a somewhat longer time than most of the other preparations in use, but it can be kept ready made, and requires but a few minutes of preparation to fit it for application.—*New Remedies.*

**DEATH AFTER THORACENTESIS.**—At a recent meeting of the Société Médicale des Hopitaux, reported in *La France Médicale*, M. Besnier related a case of sudden death by syncope coming on during the operation of thoracentesis for the removal of a large pleuritic effusion. Early in June the patient, a woman aged forty-three, was attacked with pleurisy, soon showing evident effusion. Her condition was that of increasing feebleness, and the effusion at the same time augmented. June 21, it was decided, upon consultation, to perform paracentesis. Every precaution was taken. The patient being ready for the operation, she was placed on the edge of a couch, with assistants to support her. Three or four hundred grammes of sanious, very fetid pus were drawn off. The patient did not move from the position she had taken, but suddenly the pulse became imperceptible, she frothed at the mouth, and death by syncope supervened, without any of the means employed being able to retard or arrest the fatal result. M. Besnier thinks that the patient died from syncope supervening on a primary gangrenous pleurisy. The history of this disease is as yet unwritten. He cited all the observations he could find analogous to the case reported, and came to the following conclusions: That there exists a form of pleurisy which needs to be studied and described. This form, exceptionally grave, has a symptomatology and pathological anatomy of its own, and calls for special therapeutic procedures. It must be studied by itself, and its history not confounded with that of common purulent pleurisies, and authorities should distinguish it in their accounts of the disease. We think, adds M. Besnier, that two forms of the disease should be described: one, a primary gangrenous pleurisy; the other, consecutive to lesion of the pulmonary parenchyma. The first is the more frequent and grave, but it needs further observation to determine accurately the different points concerning it.—*Medical Press and Circular.*

**OVARIOTOMY IN A GIRL OF THIRTEEN—ADVANTAGEOUS EMPLOYMENT OF THE STOMACH-PUMP.**—The patient had already menstruated for three months when the abdomen began to enlarge. Prof. Koherie diagnosed a multilocular cyst of the right ovary, and operated about one month ago. A small incision was made, the various cysts were punctured, and the tumor withdrawn without difficulty, as there were no adhesions. All went well until the eighth day, when gastric derangement began, with sour eructations, vomiting of green matters, pulse 120, temperature 103.1°, great thirst, dry skin. By means of the stomach-pump gas was removed from the stomach and water injected. This was repeated at intervals of 10, 15, and 20 hours, with the very best results. The patient, after several other complications, such as abscess in both ears, bleeding at the nose, &c., finally made a good recovery.—*Gazette Medicale de Strasbourg*, Sept. 1, 1875.—*The Doctor*.

**THE WEIGHT OF VOLTA'S BRAIN.**—The remains of the celebrated Italian philosopher Volta, who died in 1827, were recently exhumed in Como, and deposited with imposing ceremony in a splendid mausoleum which had been prepared for them. A careful scientific examination of the cranium was made, and it was estimated that the weight of the brain must have been 2,055 grammes. That of Cuvier, among the heaviest recorded, was only 1,829 grammes.—*New York Medical Journal*.

**DIABETES.**—A complete cure of this affection is related in the *Bahia Medical Gazette*, by means of phenic acid, two and a half grains night and morning, in a vehicle of mint-water. The patient, a teacher of music, had been struck from his saddle by a falling tree. Trommer's test had shown a very large amount of glucose or grape sugar in the urine.—*The Doctor*, Aug. 1st.

**THE MEDICAL EDUCATION OF WOMEN.**—A meeting of professors of Queen's College, Birmingham, was held lately, to consider the above named subject, when it was resolved, by a majority of nine to three, that the professors could not undertake the medical instruction of women students "in Queen's College." This resolution was based, we understand, on the objection that women would endanger the College as a school for male students, many of the latter having intimated their intention to withdraw if women were admitted. The resolution of the professors was communicated to the College Council, and this body unanimously resolved that they felt constrained to decline to admit women students to the institution.

**THE PRESS**, in all civilized communities is the *ama mater* of charlatanism.—*Gazette Hebdomadaire*.

**LACERATIONS OF THE PERINÆUM**; Dr. Thomas said that he was opposed to operating at once in such cases as the one observed by Dr. Perry and Elliot, and quoted by Dr. Lente, because the patient is too much exhausted, and the union of the laceration too extensive an operation for her already enfeebled system. Smaller lacerations to or merely through the sphincter ani should be closed at once; still smaller ruptures than these last require no treatment. A general rule whether to operate immediately or follow the plan of non-intervention, can scarcely be made. The only general rule he knows of in this connection is this: There are four varieties of laceration of the perineum. 1. A slight distance into the perineum; 2. To the sphincter ani; 3. Through the sphincter ani; the last two requires immediate operation; 4. Some distance up the rectum; these should not be touched, as there is little prospect of success to be expected from an immediate operation. Dr. Lusk said that in his experience the proportion of cases of success after the immediate operation in hospital practice was about one-half. Dr. Noeggerath favoured immediate operation in all cases. He quoted Prof. von Hecker, of Munich, "that the right way to manage every case of rupture is the application of the suture as soon as possible after recovery."—*Am. Four. of Obst.*

**GASTRO-INTESTINAL DISORDERS OF CHILDREN.**—Dr. Dawson (*Amer. Obstet. Journal*, August, 1875) in an interesting paper upon the above topic, makes the following truthful statements:

Family alimentation, that is, too excessive and frequent feeding, and the inappropriate quality of diet is one of the chief, if not the chief, cause of the gastro-intestinal disorders of infancy. If children gradually and carefully, in proportion to their growth and general development, were changed from the food of infancy to that of adults, we should hear less of the dangers of the teething period, and see comparatively few cases of gastro-intestinal disorders.

Give the infant when it begins to get its teeth more substantial food than milk, but let milk still be the basis of all its nourishment. Milk and a certain portion of the farinaceous foods make the best of diet, for by the period of dentition the salivary and pancreatic glands secrete, and starch in moderate quantities is easily digested. Some of the lighter of the animal broths are advantageous once in a while, and as the infant grows older, food suitable for its development can be given, as easily digested meats and vegetables. The majority of infants and young children suffer and die of gastro-intestinal disorders, because of the prevailing ignorance as to the requirements of the infant, as to the quantity and quality of the nourishment requisite to maintain health.

# THE CANADA LANCET.

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## LAW AND MEDICINE.

One of the most vigorous and elegant comparisons that have been uttered on the difference between the medical and legal professions, is to be found in a volume of sermons by that bright ornament of the English church, the Rev. Henry Parry Liddon. In these days, when in our own land there appears to be an effort on the part of certain publicists to decry the profession of medicine, it may be allowable to quote the words of the author of the "University Sermons." Addressing the young collegians he said:—"If you are hesitating between law and medicine, it must be admitted that modern English society seems to award a social pre-eminence to law. Yet surely the study of the framework of God's noblest earthly creatures is a higher study than that of any system of jurisprudence, dashed as every such system must be by human caprice; by human shortsightedness; by human error. Surely the practice of a profession, almost every activity of which is a fresh corporal world of mercy, must have an increasing attraction for those who, in the moral sense of the expression, seek "things above." Pardon me, brethren, if I speak too boldly in a matter on which there may fairly be difference of judgment; but I venture to hope, nay to believe, that as public opinion becomes more christian, a higher nay, the very highest social consideration will be everywhere assigned to the members of that noble profession of medicine, which ministers with the one hand to the progress of advancing science, while with the other it daily lavishes its countless deeds of unknown, unacknowledged generosity and kindness on the suffering poor."

There are not wanting in the domain of litera-

ture eloquent tributes to the nobleness of the profession of medicine, and warm acknowledgments of the tenderness of sympathy and characteristic generosity of the medical man; but authors are not always so outspoken as Mr. Liddon, in pointing out the excellence of both the study and the practice of medicine over that of law. Perhaps, the tendency of modern society to show more social consideration to the profession of law than that of medicine, is to be accounted for on the ground that law is more a money-making profession, and that the regulated leisure of the attorney or barrister, gives him more time than is possessed by the active medical man, to figure in society. This tendency of modern society is probably limited to the highest circles; but it may be set off by the higher consideration paid to our profession by such a man as Mr. Liddon; and undeniably it is to be set off by the popular verdict. "Society," as included under the common term is given to worship wealth and to pay regard to appearances, without properly estimating the man. In the higher christian society of the future, we have Mr. Liddon's belief that the position of the two professions will be reversed; and that as public opinion becomes more christian, the very highest social consideration will be assigned to the members of the medical profession. In the lower, middle class, and humbler ranks of society, a very high consideration is paid, at the present day, to the medical practitioner; by these people, indeed, he is often regarded as a sort of demi-god, holding the destinies of life in his hands.

Those young men who are debating the choice of a profession, need not hesitate between law and medicine, if they first decide on their own aim and fitness. A young man's tastes are in this a safe guide, and he should have a decided preference for the profession of his choice. The strong preference will soon ripen into love, a love which is necessary to carry the young man through all the trials and disappointments that are almost sure to beset him throughout the earlier parts of his career.

## TEPID SPONGING IN FEVER.

The revival of the cold water treatment of fevers in Germany, is a movement which has already had a great influence in inducing practitioners

to employ either affusion or the cold bath as means of reducing temperature. The results, indeed, in the treatment of typhus and typhoid fevers in Germany, have been such as to command attention. A most gratifying reduction in the mortality from these fevers, has been attained by the adoption of Currie's propositions. Since the practice became common of employing the thermometer to measure the temperature of the body in disease, the course of fevers with respect to the grades of temperature has been more effectively and thoroughly studied. It has been ascertained thereby that the danger of the fever patient increases with the increase of temperature; and that if a certain limit be exceeded the patient passes into a critical condition, from which recovery cannot confidently be prognosticated. When in typhoid fever the temperature in the axilla goes beyond 106° Fah., the patient's condition is one of serious gravity. It is one of the triumphs that medical progress is making in our day, to know that this gravity can be estimated, by means of a little clinical instrument, more accurately than by the skill of a long experience. It is a natural suggestion following from these observations, that the best way to cure the fever is to reduce the temperature, to keep it if possible within the limits of safety, and to promote the natural mode of recovery, by assisting or hastening the process of defervescence. The application of cold water to the surface of the skin, proves to be an effective means of reducing temperature. The cold bath rapidly withdraws heat from the body. The cold affusion, practised by pouring water from a certain height upon the surface of the body, as first proposed and practised by Currie, is another means of rapidly withdrawing animal heat. Still another means suggested by the study of physics, and a knowledge of the function of the skin, is to cause the latter to become an evaporating surface. In this way the application of warm water or tepid sponging, proves curative in fever.

There is a prejudice in the country against the use of cold water in sickness; and until the cold bath treatment becomes sanctioned by the force of authority, and the proof of its success, our practitioners will probably have to adopt the treatment of tepid sponging, as a compromise. But if not so heroic as the cold bath, tepid sponging is a practice of great benefit and efficiency. It reduces the

temperature, promotes comfort, procures sleep, and is altogether salutary. Now that the *rationale* of its employment is being made known by recent researches, there will be a stronger disposition to attach importance to the use of tepid sponging. Very likely its capabilities, on being fully tested, will be found to be much greater than they have been hitherto supposed to be.

### HOMŒOPATHY IN THE LONDON HOSPITAL.

We noticed with regret a recent paragraph in a London (Ont.) newspaper in relation to a disagreement among the members of the hospital staff of the General Hospital of that city, opened by the Lieut. Governor a few weeks ago. As we understand the statement the hospital has been endowed by the citizens, with the proviso that there should be a Homœopathic ward, with a certain number of beds, and a physician of that school appointed as medical officer for the ward. The senior physician would not brook such a commingling of doctrine, and therefore substituted for the homœopathic prescriptions, his own. The statement may possibly not be substantially true, but if so, we consider the action taken not only injudicious as regards the love of fair play, that we are of the opinion the members of the regular profession are desirous of being characterized by, but essentially unjust to the individuals who have given their money on the understanding that such an arrangement should be carried out. We would state *in limine* that we have little faith in the general principle of Homœopathy "*Similia Similibus curantur*," still less in quintillionths and decillionths exercising a curative effect. The only universal law that we are acquainted with, is the tendency of disease to death. We have no objection in the world to facts, be they ever so mysterious and inexplicable, but we must be sure they are facts on a just induction. We freely concede, that the most minute elements of nature are often of the most potent character, that an inconceivably minute portion of the Cobra's poison is fatal, and that in various localities we breathe subtle forms of death which we cannot detect. But there is this difference, we know these agents by their effects, which are the very things we do not find in the exhibition of infinitesimal

doses. The Homœopaths, however, state as facts that certain results follow them, presuming always the application of their creed "Like to like." We would ask, therefore, in view of this discrepancy of opinion, whether, instead of taking for granted that these are mere assumptions incapable of proof and to be put down by authority, would it not be better that they should be examined like the statement of any other facts, upon evidence?

Where could such an inquiry be better carried out, than in the wards of a public Hospital, open to practitioners and students of both schools of thought? In the special Homœopathic Hospitals, notably those of Vienna, a comparison of death rate and cure, with similar cases treated in Hospitals of the old school, is always open to the suspicion of inaccuracy of diagnosis or careful selection of cases. This source of doubt, whether rightly or wrongly entertained, would be effectually guarded against by assigning special wards for Homœopathic and Allopathic treatment under one roof; unchecked admittance to all of these wards, and careful investigation of the nature of diseases and the treatment pursued, freely accorded to the Hospital staff, and under certain limitations to students. Charges of unfairness or fraud could thus be effectually guarded against, and a *prima facie* case for further inquiry into the system made out. Trial, says Sir Wm. Blackstone, "is the examination of the matter of fact in issue; of which there are many different species, according to the difference of the subject or thing to be tried. This being the one invariable principle pursued, that as well the best method of trial, as the best evidence upon that trial which the nature of the case affords, and no other shall be admitted."

The assertion then, that "*Similia Similibus curantur*," is to be regarded as a universal law in therapeutics, the *quasi* fact in issue, would be put squarely on trial, and the members of the old and time-honored school of medicine, by gracefully waiving their objections to this plan until time for a conclusion had been arrived at, would effectually prove that the satire of Moliere in his amusing comedy "Le malade imaginaire" did not apply to them. "He is firm in controversy, staunch as a Turk in his tenets, never swerves from his opinions, and pursues an argument to the utmost recesses of logic."

We have on the one hand the conclusions

arrived at by the greatest medical minds of the present and past centuries that no sole law or principle exists to guide us in the application of remedies; on the other the so called universal law of Hahnemann. Notwithstanding Moliere's estimate of the obstinacy of the medical faculty, we venture to believe that if a joint committee of Allopaths and Homœopaths reported that of a hundred cases of scarlet fever, diphtheria, pneumonia, or other diseases, 80 per cent. were cured under allopathic and 90 per cent. under homœopathic treatment, and if the experiment several times repeated gave the same approximate results, the profession generally would diligently investigate this new light for the study of the law of disease.

The great Sydenham writing on new theories and medicines thus speaks:—"The advancement of the art of medicine turns chiefly on what follows, viz., that there must be some fixed, definite, and consummate *methodus medendi*, of which the common weal may have the advantage. By fixed, definite, and consummate, I mean a line of practice which has been based and built upon a sufficient number of experiments, and has in that manner been proved competent to the cure of diseases. I by no means am satisfied with a few successful operations either of the doctor or the drug. I require that they be shown to succeed universally under such and such circumstances."

The extreme difficulty exists now as in the days of Sydenham, of establishing the true connection of antecedents and consequents; of always discriminating between the action of globules and drugs in allopathic doses, and the *vis medicatrix nature*; of the *non causa* for the *pro causa*. It has often been argued that if the globules do no good they can do no harm, and that the same cannot be said of large allopathic doses; the question arises, whether, they may not often be relied upon until the disease is too far advanced for any treatment to avail.

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#### TAKE NOTES OF YOUR CASES.

In the autobiography of Sir Benjamin Brodie, the following passage occurs on the importance to the student and medical practitioner of taking notes of cases, and preserving them for reference and instruction:—

"During the summer of 1804 a friend of mine by the name of Jeffreys, was house-surgeon of the hospital, and my intimacy with him enabled me to pursue my studies there with great advantage. He had more knowledge of his profession than most young men of his standing. In the early part of the day I was always with him in the wards, and in the evening we were generally together. It was from him that I first learned the importance of keeping written notes of cases, a practice which I continued ever afterwards. These notes I have carefully preserved. They now form many thick quarto volumes of manuscripts, to which (and even to the earliest of them) I not unfrequently refer with advantage, even at this advanced period of my professional life. My custom has been to take short notes at the bedside of the patients in the day, and to expand them with the aid of my memory in the evening. Thus they became an exercise of the memory, and, instead of weakening, tended to strengthen that important faculty. After an experience of nearly fifty years I am satisfied that no one can be well acquainted with his profession, either as a physician or a surgeon, who has not studied it in that manner. I have always, during the many years in which I was a teacher and a hospital surgeon, endeavoured to impress upon the minds of my pupils the necessity of making and preserving such written records of their experience; and I have been often pained to observe how small a proportion have followed the advice which I gave them."

Those physicians who do not yet keep records of their cases, should carefully ponder Sir Benjamin Brodie's remarks. If they find on self-examination that their professional knowledge is defective from such neglect, as he maintains it must be, let them at once begin the practice. Considering that Dr. Marshall Hall began to learn Greek when he was sixty years of age, who amongst us shall say that he is too old to begin a practice so conducive to improvement, and so essential to success?

#### ANNUAL GRANT TO THE MEDICAL COUNCIL OF ONTARIO.

On the 15th of October a deputation of the executive committee of the Council of the College of Physicians and Surgeons of Ontario, waited upon the Hon. Mr. Mowat and applied for help

from the Legislature towards the payment of a portion of the expenses of the college. The deputation suggested that the "College of Technology," of which the council now has two rooms for a registry office, might with advantage be conceded to the council altogether, and be called "The College of Physicians and Surgeons." The deputation also expressed the wish that the Premier might see fit to recommend an annual grant to enable the council to establish a medical library and museum for the college. The chairman of the Board of Examiners, Dr. Campbell, has also addressed a very able letter to the Premier stating clearly and forcibly the facts upon which the application is based, and their claims upon the consideration of the people of Ontario. At the close of the letter he gives the estimated annual receipts and expenditure of the college and concludes by asking an annual grant of \$6,000. We sincerely trust that not only a favorable response may be granted to the request, but that at the approaching assembly of the house, the members generally may favourably entertain an application, that we trust one of our fraternity who has a seat in the House will bring forward, for the endowment of a chair of clinical medicine and surgery, at the Toronto and Kingston General Hospitals respectively; the appointments to be determined by the French system of "*Concours*" or public examinations, written and oral, and the salary attached sufficiently large to enable the appointees to devote their whole time to the work of clinical instruction.

NEW LIGHT.—Dr. W. H. Miller, of this city, who has been figuring of late in the police court as the prosecutor of "Drs." Evans, Ballou and others, has, as appears from an advertisement in the newspapers, obtained new light. He has been "magnetized" by a man named Armstrong, a "vital magnetizer," and these two have joined hands in a new enterprise by which they expect, no doubt, to revolutionize medicine, and fill their pockets with *filthy lucre* at the same time. Dr. Miller's conduct in this matter has not occasioned us much surprise. He has long been known as a vacillating and unsettled searcher after the golden bubble. He has caught it at last, and will, no doubt, feel pre-eminently happy until it bursts, as it will be sure to do in his hands before many months, for he does not possess the tact, the shrewdness,

the low cunning, and that intimate knowledge of the weak side of human nature, to which the successful men of that class with which he has allied himself, can lay claim. Several years ago he entered upon the practice of medicine in a place called Byng Inlet, and was at that time post-master there, a position which he held one short year! He left that place and after wandering about for some time, came to this city, and settled on Queen-street West, moving from one side of the street to the other, and hither and thither, for some time. He next went on some surveying expedition, but soon returned to Toronto. Attracted by the bait of a money reward in the shape of fines he turned public prosecutor and was recognized by the Medical Council for that purpose, although publicly disowned by this body at a later period. Finally he has stepped down and out, by joining hands with his former enemies, and the enemies of the profession. The only pity is that the Medical Council has not power, (which we trust it will have before many years), to strike from the roll such men as Dr. Miller, Dr. McCullough, Dr. McTaggart and others—men who bring disgrace upon the head of a noble profession by their unprofessional conduct. In the legal profession an erring brother can be brought up and reprimanded or deprived of his gown by the council of the Bar of his district, and why should not the medical council of the Province be vested with similar powers?

But the most ridiculous and absurd part of the whole subject is the hysterical paroxysm of the "old granny" of the *Globe* office. She is in one of her tantrums again, and prophecies that this new departure is the last "kick" that is to kill the Council!

A GOOD OPENING FOR A MEDICAL MAN.—Dr. Clark, of Princeton, having been appointed medical Superintendent of the Toronto Lunatic Asylum, will dispose of his premises by sale to a medical man, as well as introduce the purchaser to his practice. The house is a two-story brick, heated with hot air, with barn, fruit trees, well ornamented grounds, and two-fifths of an acre of land. The Great Western Railway station is only about 300 yards distant. Possession given at New Year. One third paid down, and five annual payments for the balance. It will be rented, if not otherwise disposed of. Apply to Dr. D. Clark, Princeton, Ont.

BOGUS DIPLOMAS.—Quite a business has been carried on in Britain, and in some parts of the United States, in the sale of diplomas purporting to be conferred by the "Philadelphia University of Medicine and Surgery," and the "Livingstone University of America." Major-General Schenck, American ambassador to London, has made it a subject of correspondence with his Government, and writes a letter to the London *Times*, to say that the above-named institutions have no existence, and the whole thing is a systematic fraud.

TRANSACTIONS OF THE WESTERN AND ST. CLAIR MEDICAL ASSOCIATION FOR 1875.—This is a most interesting report, and reflects great credit upon the association. Among other things it contains an article on "Abortion," by Dr. Andrews, of Windsor; on "The Dignity of the Profession," by Dr. Sivewright, of Chatham; on "Scarlatina," by Dr. McLean, of Sarnia; on "The Functions of the Sympathetic," by Dr. Bucke, of Sarnia, and one on "Chronic Parenchymatous Metritis," by Dr. Holmes of Chatham. It is printed in pamphlet form, and contains about forty-six pages of reading matter. We hope this example will be followed by the medical societies in different parts of the Dominion. Many of the papers read at these gatherings, have been prepared at great pains and are well worth preserving.

COSMOLINE.—This new substance, obtained from petroleum, is rapidly growing in favor in many parts of the United States and Canada. It is used as a basis for ointments and cerates. The advantage which it possesses is, that while it is in every way superior to lard or oil, as a menstruum, *it will not decompose or become rancid* in any temperature or climate. It is entirely free from acids, and has no affinity for oxygen. It is semi-solid at ordinary temperature, and becomes fluid at 130° F. It also possesses therapeutic properties of no mean order, and may be applied pure and simple, to burns, scalds and ulcers with marked benefit. It is perfectly bland and produces no irritation. When used in the preparation of Goulard's cerate, oxide of zinc, red precipitate, citrine, and similar ointments, they may be kept in a perfect condition for years. It is looked upon as a very important preparation, and is destined to supersede entirely the use of animal fats and oils in all pharmaceutical preparations.

**DENTISTS IN THE ARMY.**—At a late meeting of the American Academy of dental surgery, held in New York, the subject of "Dental Surgery in the Army and Navy," was brought up for discussion. A paper was read on the subject by Dr. Merrill, Dentist, of 33rd street, N.Y. This matter has been under the consideration of both Houses of Congress for some time past. Petitions were also presented, signed by many of the leading men in the medical profession in New York and other places, committees have been appointed to look into the matter, and it is confidently expected that during the next session of congress the matter will be definitely settled. It has received the full endorsement of the Academy of Dentists and both the medical and dental profession, and it is determined to push the matter vigorously. Hitherto while the Government has been careful enough as to the general health of individuals entering the army and navy, and liberal enough in all the educational interests, it has entirely overlooked the important fact that both soldiers and sailors, officers and privates, in order to enter the army or navy should have clean, sound teeth. It is essential to both the sanitary and military condition of the army. This subject has for some time past, very properly received the attention of the military authorities of the British and French armies.

**ANILINE IN THE TREATMENT OF CHOREA.**—This substance is obtained by a chemical process from coal-tar, and was first used by Dr. Justin, of Marseilles, in the treatment of chorea. He noticed that workers in coal-tar were seldom afflicted with chorea, and that those having it were cured by its vapor. After trying the various substances obtained from coal-tar, all of which he found serviceable, he finally concluded to try aniline. He gave it in one-grain doses, four times a day, in pills with extract of gentian. The effect was remarkable in producing an amelioration of the symptoms almost immediately, and a cure in less than a fortnight in some aggravated cases. We observe from our American exchanges that it has been used with success in many parts of the United States.

**EXAMINATION FEE FOR LIFE INSURANCE.**—Some time ago we called the attention of the profession (Oct. No.) to the matter of examination

fees for life insurance, by referring to the action of a medical society in the Eastern part of the Province. We also expressed our opinion that if the profession insisted upon it, the various companies would offer no objection. Since then we have had repeated conversations with several of the managers of companies in Toronto, and the general opinion was, that if it was thought desirable the companies would not object. A uniform sum of five dollars for each examination, without respect to the amount of the policy, has been thought by many to be a suitable fee, and it only requires the concerted action of the profession itself in the various cities and towns in Canada, to make it a settled and invariable rule. It is to be hoped that the members of the profession will see that their interests in this respect are not lost sight of. We would suggest that this item be added to the regular tariff of fees which is now in force in many cities, towns and villages in the Dominion.

**SAD AFFLICTION.**—By reference to another column it will be seen that Dr. Riddall, of Orangeville, has lost four of his children during the past month from diphtheria and scarlet fever. This is a most trying circumstance, and the doctor and his wife have our deepest sympathy in their sad affliction. Only those who have lost children, from some distressing complaint, can form any adequate idea of the feelings of the parents thus suddenly bereft of their little ones.

**QUEBEC MEDICAL ACT.**—Some stir has been created among our medical brethren in Quebec by an attempt to introduce a bill into the Legislature to amend the present act of incorporation, in force since 1847. The proposed amendments do not appear to meet the wishes of the majority of the profession and the colleges, and depositions have been sent to Quebec to protest against the passing of the bill. It is not likely that anything further will be heard of it during the present session.

**CROTON CHLORAL.**—The following are some of the conclusions of a paper by Dr. Weill, in the *Bulletin Generale de Therapeutique*, on this agent,  
1. Its physiological action is different from that of chloral. 2. It is hypnotic in the same way, and generally in smaller quantity than the other drug. 3. It exercises a special action on the sensory cranial nerves. 4. In moderate doses it has no

effect on the pulsations of the heart, and on the muscular tonicity, and it does not arrest the respiration and lower the temperature as much as chloral. 5. In extreme doses it destroys life by arresting the respiration. 6. The lesions found at the autopsy of animals killed by it consist in an intense hyperæmia of the meninges, especially those of the encephalon. 7. Its therapeutical employment is indicated (a) in neuralgias of the trigeminus; (b) in other neuralgias, and to relieve pain in general; (c) in spasmodic affections of the nervous system; (d) to quiet cough in certain chronic affections of the respiratory organs; (e) to procure sleep. 8. The contra-indications to its employment are an inflammatory state of the digestive organs, and a predisposition to cerebral congestions. 9. Its taste is more disagreeable than that of chloral, and needs to be masked by a corrective. The extract of liquorice seems best for this purpose. 10. It cannot be given hypodermically. 11. The dose should vary according to the age, the particular susceptibility of each person, and the effect desired. Dr. Weill says, "If we wish only to procure sleep, we can begin with from seven to fifteen grains, and in the majority of cases this will be sufficient, at least when pains are not such as to make large doses of a narcotic absolutely indispensable. In such cases we may administer at once thirty, forty-five, or even sixty grains. In the neuralgias or other nervous affections, the practice of the English physicians is especially applicable; one, one and a half, or three grains repeated every quarter of an hour, every half an hour, or every hour, until relief is obtained; and we are often astonished at the rapidity with which it comes."

**THE LATE DR. YATES.**—Dr. Octavius Yates, of Kingston, died very suddenly during the early part of last month. He caught cold while attending a patient in Gananoque; congestion of the lungs set in and he was only a few days confined to his bed. He was very much respected and his untimely death is severely lamented. The following resolutions of condolence were passed by the students of the Royal College of Physicians and Surgeons of which school he was an earnest and faithful teacher for several years:—

"Resolved, That we have learned with deep regret of the death of our esteemed Professor, Dr.

Octavius Yates, by whose death we feel we have lost a true friend and zealous teacher, whose efforts were always exerted to promote the best interests of the students under his instruction; that we sincerely sympathize with the family of the deceased in their sad bereavement, and that each student shall wear a badge of mourning for a period of thirty days as a token of respect for the deceased.

The following resolutions were also adopted at the same meeting:—

"Resolved, That having learned with profound sorrow of the untimely demise of Dr. A. H. Betts, occasioned by the loss of the ill-fated steamship Vicksburg, on the 1st of June last, when on his way to England to further his professional studies, we, his fellow-students, desire to tender to his bereaved family and relatives our heart-felt sympathy in their great affliction.

"Resolved, That having learned with deep regret of the death of H. M. Hooper, formerly a student of this College, we desire to tender to his bereaved friends our sincere condolence in their great affliction.

"Resolved, That having learned of the sudden decease of our esteemed friend and fellow-student, Dr. Wyatt, of Bay City, Mich., whose death resulted from acute enteric fever, we hereby tender our sympathies to his family and friends in their sad bereavement.

"Resolved, That a copy of these resolutions be forwarded to the friends of the deceased.

"Signed on behalf of the students,

GEO. H. CASE, Chairman.

THOS. POTTER, Secretary.

**TORONTO LUNATIC ASYLUM.**—We are happy to be able to announce that Dr. Clark, of Princeton, Ont., has been appointed to the important and responsible position of medical superintendent of this asylum, the largest one in the Province. Dr. Clark, though not an expert, so to speak, brings to bear in the discharge of his new duties a large amount of shrewdness and good common sense, most essential requisites, coupled with kindness and warmheartedness, and that nice tact and discretion which are essentially necessary to the successful management of so large and varied a class as will come under his charge in so large an institution. We feel confident he will not disappoint the expectations of his many friends and well-wishers, and that the Government will have no cause to regret the choice it has made.

While we are upon this subject we desire to express our confident hope that the eminent and

valuable services of the late medical superintendent, Dr. Workman, may not be lost sight of. He has laboured hard and faithfully during the past quarter of a century, for the benefit of his unfortunate fellow-beings and the public, until he has grown old in the service, and no one will venture to say that he was well remunerated for the work done. In fact the salary was entirely too low. We trust, therefore, that the Government will see fit to place in the estimates for his benefit a handsome retiring allowance. It is customary in Great Britain to make allowances of this kind, to those who have been years in the service, and the amount of these are generally in proportion to the length of service. The retiring allowance for a man who has been twenty years and upwards in the service is about £600 per annum. We do not suppose that Dr. Workman has any desire to press his claims upon the Government, to a retiring allowance, but as a matter of justice and right, he seems fairly entitled to some suitable recognition for past services, and we trust the matter will not be overlooked.

Dr. Robert Miller, son of his Honour Judge Miller, of Galt, has been appointed surgeon to a detachment of the Mounted Police in the North-West. The Doctor will be stationed at Belle River.

LINDSAY AND BLAKISTON'S VISITING LIST FOR 1876 just to hand. We have found this a most convenient pocket companion and would not be without it for ten times the price.

**BILLS.**—We desire to call the special attention of our subscribers to the bills which will be found enclosed in the present number. It is near the end of the year, and many of our subscribers have not yet cancelled their indebtedness. We would now ask them to favor us by settling without delay.

### Books and Pamphlets.

A NEW MANUAL OF PHYSIOLOGY, by Professor Kuss, of Strasburg. Translated from the Second and Revised Edition, by ROBERT AMORY, M.D. formerly of the Medical School of Maine. Illustrated by 150 Woodcuts. 547 pp. 12 mo. Price \$2.50. Boston; James Campbell, Publisher.

This appears to us after a careful perusal to be an admirable little manual of Physiology. It is the work of an original investigator and brings the

science of Physiology up to the present time. It is very concise and accurate, and is illustrated by a large number of woodcuts which add much to its value. Considerable space is devoted to Histology, a subject almost entirely omitted in most of the text books in use.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS, by Frank H. Hamilton, M.A., M.D., L.L.D., New York. Author of Principles and Practice of Surgery. Fifth edition, revised, and improved; illustrated with 344 woodcuts. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

The author has spent great pains on the preparation of the present volume. Considerable space as heretofore, is devoted to the subject of fractures, and especially to those which are most likely to be attended with deformity, and shortening. It will be remembered that Prof. Sayre some time ago claimed perfect results from the plaster of Paris treatment in fracture of the thigh. This the author denies, and gives the statistics of 30 cases treated by plaster of Paris. In only one was there no shortening; in 6 cases it exceeded one inch, and in 6 cases there was ankylosis of the knee. He also gives the statistics of 24 cases treated by himself, by his modification of Buck's extension. The shortening in no case exceeded one inch, and no ankylosis. Five children and one adult had perfect limbs, and one had lengthening. In the treatment of fractures, says the author, while there have been many improvements, much yet remains to be accomplished.

### Births, Marriages, and Deaths.

On the 11th November, at Hamilton, the wife of C. F. A. Locke, Esq., M.D., of a daughter.

At Kingston on the 10th November, inst., after a short illness, from inflammation of the lungs, Octavius Yates, M.D., aged 51 years.

On the 25th ult., at Orangeville, of scarlet fever and diphtheria, Anna Matilda, aged 13 years and 4 months; Herbert John, aged 3 years and 4 months; Laura Eveline, aged 1 year, 8 months and 16 days, and, on Tuesday, November 16th, from the sequel of scarlet fever and diphtheria, Lillie Margaret Elizabeth, aged 8 years and one day; all children of Dr. Riddall.

At Waterdown on the 25th ult., Ormond Skinner, M.D., in the 45th year of his age.

At Bowmanville, on the 26th ult., H. R. Reid, M.D.

\* \* \* The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps, with the communication.

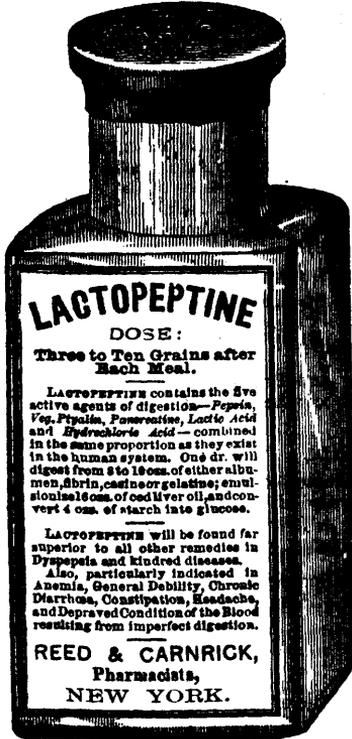
# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mastication, while Pepsin acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, and all Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Veg. Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatin,	3 "	Hydrochloric Acid,	2 1/2 fl. "

Powder and Mix.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.

### LACTOPEPTINE

#### DOSE:

Three to Ten Grains after Each Meal.

LACTOPEPTINE contains the five active agents of digestion—Pepsin, Veg. Pygalin, Pancreatin, Lactic Acid and Hydrochloric Acid—combined in the same proportion as they exist in the human system. One dr. will digest from 8 to 16 ozs. of either albumen, fibrin, casein or gelatine; emulsify 16 ozs. of cod liver oil, and convert 4 ozs. of starch into glucose.

LACTOPEPTINE will be found far superior to all other remedies in Dyspepsia and kindred diseases.

Also, particularly indicated in Anemia, General Debility, Chronic Diarrhoea, Constipation, Headache, and Depraved Condition of the Blood resulting from imperfect digestion.

REED & CARNICK,  
Pharmacists,  
NEW YORK.

**67c**

**PRINCIPAL REASONS.**

**LACTOPEPTINE**

SHOULD

**ENTIRELY SUPERSEDE**

THE

**USE OF PEPSIN**

BY THE

**MEDICAL PROFESSION**

- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 gra. of Pepsin and 4 gra. of Pancreatin mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

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*All the Statements made in this Circular are the result of repeated and careful experiments.*

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The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

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IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

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The undersigned, having tested REED & CARNBICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

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INHERIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach.

N. KEELER MORTON, M. D.

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BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,  
Late Professor of Obstetrics and Diseases of Women and Children,  
Vermont Med. College.

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EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

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*A large proportion of diseases are the result of imperfect digestion.*

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*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

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The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—○—

NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—○—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—○—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—○—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—○—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—○—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

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\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

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*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

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*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

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CHILLICOTHE, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—○—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M. D.

—○—  
WHITE HALL, VA., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—○—  
INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—○—  
CONTOOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEORGE C. BLAISDELL, M. D.

—○—  
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

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*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

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*Pancreatine and Diastase are more important digestive agents than Pepsin.*

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**COMMUNICATIONS FROM MEDICAL JOURNALS.**

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—○—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*," was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

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**TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.**

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

*LACTOPEPTINE* is also combined with the following preparations:

**EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.**

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

—○—  
**EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.**

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—○—  
**ELIXIR LACTOPEPTINE.**

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

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*REED & CARRICK manufacture a Full Line of Fluid Extracts.*

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*REED & CARNRICK manufacture a Full Line of Sugar Coated Pills.*

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**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia, attended with nervous debility.

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility, arising from impaired digestion, and also of great value in Pulmonary Affections.

**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M. D., who has used them with great success in his practice:*

**No. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp., . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	aa dr. iiii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.  
**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**No. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp., . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iiii.
	Spts. Lavender Comp., . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth. Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

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*Private Formulas of Pills or other Preparations made to order.*

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*All our Goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit, by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**No. 3.—FOR MALARIAL DYSPEPSIA.**

℞	Liquid Lactopeptine, . . . . .	dr. fl. vi.
	Fl. Ex. Cinchona Comp., . . . . .	—
	Tinc. Nux Vomica, . . . . .	ss dr. xi.
	Spts. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

*M. Dose.*—One teaspoonful with water *ad libitum* at meals (before or after), and *ad bed time if required*; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from *positive signs of indigestion*, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

**No. 4.—FOR CHRONIC DIARRHŒA.**

℞	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opii Comp. (Squibbs'), . . . . .	dr. iii.
	Nitric Acid Dilut.; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

*M. Dose.*—One teaspoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule should be persisted in* for two or three days, or until the diarrhœal tendency has been entirely subdued.

—○—  
**PEPSIN—PANCREATINE—DIASTASE.**

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

—  
**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1	dr.
Senna,	2	"
Scammony,	6	grs.
Liquorice,	1	dr.
Ginger,	3	grs.
Coriander,	6	"

With flavoring ingredients.

*Dose.*—Child five years old, one to two teaspoonfuls; adult, one to two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

—  
MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain.

H. M. HARLOW, M. D.

*All our Goods are of guaranteed strength and uniformity.*



# PURE COD-LIVER OIL,

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

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

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

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

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

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

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

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

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

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

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

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

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

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# BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

## SESSIONS OF 1875-76.

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

**THE PRELIMINARY AUTUMNAL TERM** for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

**THE REGULAR SESSION** will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

### Faculty:

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

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

#### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.  
 JOHN P. GRAY, M.D., Professor of Psychological Medicine and Medical Jurisprudence.  
 EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery, etc.  
 EDWARD G. JANEWAY, M.D., Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	80 00

#### Fees for the Summer Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	50 00
Dissecting (Ticket valid for the following Winter).....	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College.

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

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Latest Instruments for Local Anæsthesia, and for Applications to the Larynx, Posterior Nares, Eustachian Tube,

Uterus, Urethra, Bladder, &c., &c. Laryngoscopes,

Ophthalmoscopes, Endoscopes, Hypodermic Syringes, Fever Thermometers, &c. Surgical

Instruments of all kinds made to order,

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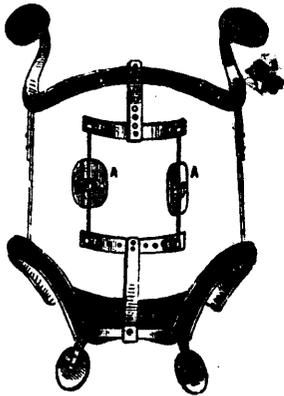
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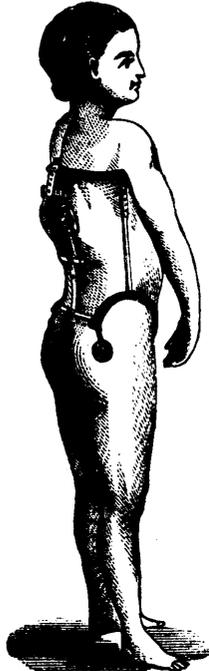
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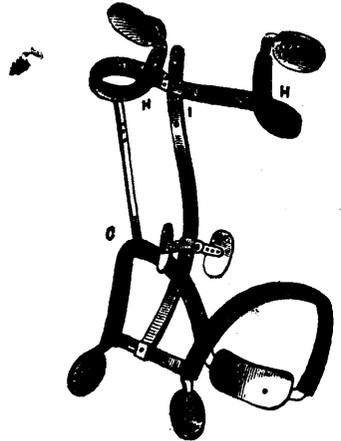


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