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A Monthly Journal of Medical and Surgical Science,
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TORONTO, MARCH 1, 1881.

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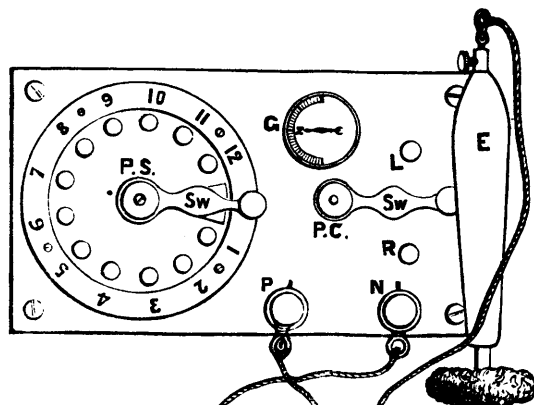
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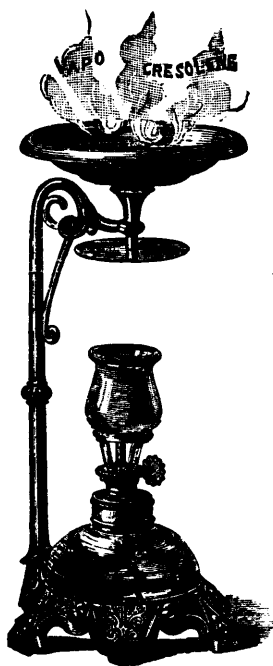


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Combined in the form of a Syrup, with *slight alkaline reaction*.

It differs in effect from all others, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

It has sustained a high reputation in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

Its Curative Properties are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

Its action is prompt, stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy to the intellect, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicted in a wide range of diseases.

A PHYSICIAN'S TESTIMONY.

A letter from one of the most eminent physicians in England, E. J. DAY, M.D., F.C.S., &c., has written the following letter to MR. FELLOWS :

DORCHESTER, DORSET, ENGLAND, October 2, 1880.

DEAR SIR :

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

I am, sir, yours truly,

E. J. DAY, F.C.S., M.R.C.S., L.S.A., M.M.P.A., R. & W. Medical Officer of Health, Public Analyst.

To MR. JAMES FELLOWS, London.

Letter from D. J. WYBRANTS OLFERTS, F.R.C.P.E., I.P.C.S., L.M., British Government Surgeon for L. M. & D. District.

ARMAGH, IRELAND, LURGAN, October 22, 1880.

MY DEAR SIR :

Having prescribed your Syrup of Hypophosphites in my practice, and having every reason to be satisfied with its good effects, I do not hesitate to say, I consider it a very valuable and excellent addition to modern *materia medica*. It has been found in my hands particularly beneficial in cases of low nervous tone, and with those convalescing from debilitating ailments. Your hypophosphites was first introduced to my notice by my friend, Dr. Killgariff, Surgeon to the Mater Misericordiae Hospital, Dublin. To avoid substitution in prescribing, I always write, Syr. : Hypophos. : Fellows : Comp.

Very faithfully yours,

J. WYBRANTS OLFERTS.

To MR. FELLOWS, Snow Hill, London.

Prepared by JAMES I. FELLOWS' Chemist.

Circulars sent to Physicians on application.

NOTICE.—Gentlemen : I will be pleased to forward a sample bottle, with formula, on application, to those who mention THE CANADA LANCET.

Address JAMES I. FELLOWS, Drawer 1965, MONTREAL.

NEW PRINCIPLE FOR THE FAT ASSIMILATION OF HYDROLEINE "HYDRATED OIL."

"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE. The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreatized or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

The mere mechanical mixture formed by common pancreatin is rarely better or more persistent than may be produced by rubbing up oil or fat with a solution of mucilage, or by a warm application of dissolved gelatin, shaken with oil until it becomes cold.

The first essential towards the digestion of fats or oils in the human body is that it shall assume the state of the very finest and most permanent emulsion, and this is only known to be attained when the oil and water is perfectly opaque, from the minuteness of the globules. This is the first function of the pancreatic emulsifying principle, and by this alone can we be certain that it possesses its proper fermentative activity."—*Prof. Bartlett's Treatise.*

(HYDRATED OIL)

HYDROLEINE

(WATER AND OIL.)

The efficacy of this Preparation is **NOT CONFINED** to cases of CONSUMPTION, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, it causes a *marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.*

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, PH. D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D., of London.

In these treatises, the Chemistry and Physiology of the Digestion of Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

Copies of these valuable works will be sent free on application.

FORMULA OF HYDROLEINE.

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

Pure Oil.....	80 m (drops.)
Distilled Water.....	35 "
Soluble Pancreatin.....	5 grains.
Soda.....	½ "
Boric Acid.....	¼ "
Hyocholic Acid.....	1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quality of soft water, to be taken thrice daily with meals.

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive. Full particulars sent on application to

HAZEN MORSE,
57 Front Street East, TORONTO

THE

NEW

HYDROLEINE

HYDRATED OIL

HYDROLEINE

ENGLISH
REMEDY

AN ARTIFICIALLY DIGESTED COD LIVER OIL.

Over 1,500 bottles sold during the first four months of its introduction into Canada (from April to August, 1880) entirely through Physicians' prescriptions.

All the leading medical men in Toronto and Montreal are using Hydroleine with success; I would refer to some of them: viz:

WM. T. AIKINS, M.D., Toronto.

Lic. Med. Board, 1849. M.D. Jeff. Coll. Phil., 1850; Lect. Surg. Jr. S. Med.; Surg. Tor. Gen. Hosp.; Mem. Med. Council, 1866-69. Mem. Coun. Coll. Phys. Surg. Ont. 1863-1880.

CHAS. D. O'REILLY, M.D., "

Res. M.D. General Hospital; M.D. C.M. Univ. McGill Coll., 1867.

O. J. WINSTANLEY, M.D., "

Mem. Coll. Phys. Surg. Ont., 1877;

JAS. A. TEMPLE, M.D., "

Mem. Coll. Surg. Eng., 1865; M.D., C.M. Univ. McGill Coll., 1865; Fell. Obstet. So. Lond., Eng., 1872; Lect. Mid. Prof. Med. Jur. & Tox. Tri. Med. Sc.

E. H. TRENHOLME MD BCL., Montreal

JAS. H. RICHARDSON, M.D., Toronto.

Mem. R. Coll. Surg., Eng., 1847; M.D., Univ. Tor., 1850; Prov. Lec., 1847; Lect. Anat. Tor. S. Med.; Mem. Med. Council, 1866-69.

JAS. H. BURNS, M.B., "

Mem. Coun. Coll., Phys. Surg., Ont., 1880.

JAS. E. GRAHAM, M.D., "

M.B., 1869; M.D., 1868, Univ. Tor. Lic. R. Coll. Phys. Lon. 1871.

J. J. DUGDALE, M.D., L.R.C.P.S. Montreal.

I publish one of the numerous testimonials I have received relative to the merits of Hydroleine, showing the opinion held by medical men:—

32 BEAVER HALL, MONTREAL, 25th May, 1880.

Mr. Hazen Morse:

Dear Sir—My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effect of the remedy has been really marvellous. I am, dear sir, Yours truly, E. H. TRENHOLME M. D.

The following statements show the value of Hydroleine more conclusively than anything else could possibly do, as the sale in each instance has been created without a dollar's advertising and entirely through Physicians:—

MESSRS. JOHN LEWIS & Co., Victoria Square, Montreal, sold ten dozen bottles Hydroleine in one month at the beginning of the introduction of the Hydroleine.

MR. HENRY R. GRAY, St. Lawrence Main street, Montreal, sold six dozen bottles Hydroleine in the same period (one month).

MR. WM. S. ROBINSON, 35 Yonge St., Yorkville, Ont., under date of July 21, 1880, writes as follows:

Hazen Morse, Esq:

Sir—Since the introduction of Hydroleine into this locality I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of it becoming very popular. I am, yours respectfully, WM. S. ROBINSON.

HYDROLEINE PRODUCES IMMEDIATE RESULTS.

One bottle of Hydroleine will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

PRICE LIST.

Hydroleine half pound bottleper dozen \$10
" " " "per bottle \$1

N.B.—I will forward to any Medical man desiring to test its virtues for himself one full sized bottle Hydroleine upon receipt of fifty cents (half price), express charges prepaid. This offer only applies to the first bottle.

HAZEN MORSE

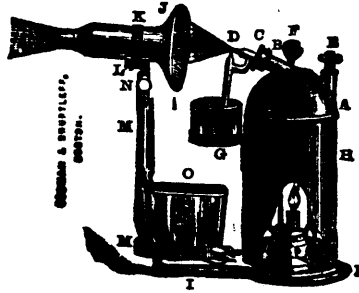
57 FRONT STREET EAST.

TORONTO.

Sole Agent for the sale of Hydroleine
in the Dominion of Canada.

CODMAN & SHURTLEFF'S ATOMIZING APPARATUS!

PRICES REDUCED.



The Complete Steam Atomizer. (Patented March 24, 1868.)

All its joints are hard soldered.

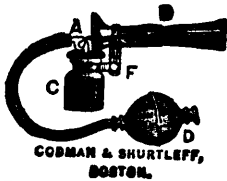
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It cannot be injured by exhaustion of water, or any attainable pressure, and will last for many years.

It does not throw spirits of hot water; is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price \$5.00; postage 5c.

Brass parts nickel-plated, additional, \$2.00.

Neatly made, strong Black Walnut Box, with convenient Handle, additional, \$2.50. Postage 4c.

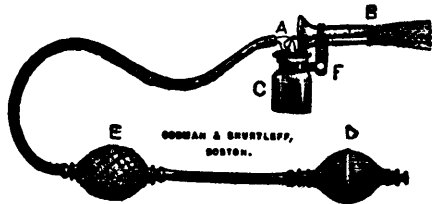


The Boston Atomizer. (Patented.)

The most desirable Hand Apparatus. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Price \$3.50.

The Bulbs are adapted to all the Atomizing tubes made by us.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect.



Shurtleff's Atomizing Apparatus. Pat. March 24, 1868.

The Antiseptic Atomiser,....\$15, \$25, \$45 and \$50
Atomizer by Compressed Air, with regulating
self-acting cut-off..... 45
Dr. Oliver's Atomizer..... 4
Dr. Clarke's Atomizer.....Postage 20c. 3

The Constant Atomizer.....Postage 20c. \$3.00
Dr. Knight's Atomizer..... " 12c. 2.50
The Boston Atomizer (see Cut.)... " 16c. 2.50
Atomizing Tubes in great variety.....25c. to 15.00

For full description see NEW PAMPHLET on Atomization of Liquids with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well known American practitioner, together with descriptions of the best forms of apparatus, which will be sent, post-paid, on application.

Plaster Bandages and Bandage Machines, Articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Crutches, Air Cushions, Wheel Chairs and Articles for Invalids, Mechanical Appliances for all deformities and deficiencies, Trusses, Elastic Hose, &c. Electrical Instruments for all Medical and Surgical uses, Hypodermic Syringes, Ice and Hot Water Bags, Manikins, Models, Skeletons, Skulls, &c., &c. Naturalists' Instruments, Sphygmographs, Splints and Fracture Apparatus, Stethoscopes, Syringes of all kinds, Teeth Forceps, Test Cases, Transfusion Instruments, French Rubber animals, Urinometers, Vaccine Virus, Veterinary Instruments, Waldenburg's Pneumatic Apparatus, &c., &c.

Surgical Instruments and Medical Appliances of every description promptly repaired. Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favourable terms. Instruments bearing our name are fully warranted. With hardly an exception they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

New Illustrated Catalogue, Post-paid, on Application.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments, &c., 13 and 15 TREMONT ST. BOSTON

BULLOCK & CRENSHAW'S

PERFECTLY SOLUBLE



Sugar Coated Pills!

HAVE BEEN PRESCRIBED BY PHYSICIANS WITH
CONFIDENCE SINCE 1858.

They are entirely reliable in every respect, and have been pronounced the most readily dissolved Pills in the market, after experiments by disinterested Pharmacists, in comparison with Sugar Coated Pills of various makers. Gelatine coated and compressed Pills.

The CENTENNIAL COMMISSION at PHILADELPHIA awarded them a DIPLOMA and MEDAL, for SUPERIORITY of FINISH and PURITY of INGREDIENTS.

No higher award could possibly be obtained by any other manufacturer.

Full Price Lists (with Recipes attached) furnished upon application. Physicians are requested to specify (B. & C.) upon prescribing Sugar Coated Pills, and they will obtain the desired effect.

FRESH AND RELIABLE VACCINE VIRUS AT \$1.50 PER CRUST.

BULLOCK & CRENSHAW,

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For Sale by H. SUGDEN EVANS & CO., Montreal, Que.
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BULLOCK & CRENSHAW, PHILADELPHIA,

MANUFACTURERS OF SUGAR COATED PILLS.

MEADS ADHESIVE PLASTER

SEABURY & JOHNSON

This article is intended to take the place of the ordinary Emp. Adhesive, on account of its superior quality and cheapness. It is pliable, water-proof, non-irritating, very strong, and extra adhesive. It is not affected by heat or cold, is spread on honest cotton cloth and never cracks or peels off; salicylic acid is incorporated with it, which makes it antiseptic. It is indispensable where strength and firm adhesion are required, as in counter-extension, or in the treatment of a broken clavicle. It has been adopted by the New York, Bellevue, and other large hospitals, and by many of our leading surgeons.

Furnished in rolls 5 yards long, by 14 inches wide.
" " 1 " " 7 1/2 " "

Price by mail, per yard roll, 50 cts., 5 yards 40 cts. per yard.

BELLADONNA PLASTER

SEABURY & JOHNSON.

IN RUBBER COMBINATION. Recent analytical tests conducted by Prof. R. O. Doremus, of Bellevue Hospital Med. College, and J. P. Battershall, Ph. D., analytical chemists, New York, to determine the comparative quantities of atropine in Belladonna Plaster, prepared by the different American manufacturers, disclosed in each case that our article contains a greater proportion of the active principle of Belladonna than any other manufactured. Samples of the various manufactures, including our own, for this test, were procured in open market by the above named chemists themselves. In the preparation of this article, we incorporate the best alcoholic extract of Belladonna only, with the rubber base. It is packed in elegant tin cases, (one yard in each case), which can be forwarded by mail to any part of the country.

Price, by mail, post-paid, \$1.00.

BLISTERING PLASTER

SEABURY & JOHNSON

IN RUBBER COMBINATION. We incorporate, by a cold process, the whole fly (best selected Russian), with the rubber base, which constitutes, we believe, the most reliable cantharidal plaster known. It is superior to the cerate, and other cantharidal preparations, the value of which is frequently greatly impaired by the excessive heat used in preparing them, which volatilizes or drives off an active principle of the fly. By our peculiar process, no heat is used.

Price, by mail, per yard, \$1.00.

MUSTARD PLASTER

SEABURY & JOHNSON

IN COTTON CLOTH. Superior to the best prepared mustard plaster, as it does not crack or peel off, or tear when wet. Can be removed without soiling the skin. Always reliable.

ALL THE ABOVE ARTICLES TO BE OBTAINED OF CANADIAN DRUGGISTS AT PRICES MENTIONED.

SEABURY & JOHNSON'S PLASTERS AND SURGICAL DRESSINGS
Office, 21 Platt Street, New York. Samples sent on application.

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

SAVORY & MOORE'S SPECIALTIES.

USED IN THE ROYAL NURSERIES.

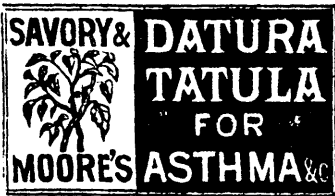


And possessing every requirement necessary in a diet for Children brought up wholly or partially by hand.
Containing the highest amount of nourishment in the most digestible and convenient form.

The Most Perfect Substitute for Healthy Mother's Milk.

N.B.—This Food has only the sugar natural to healthy milk, and is therefore free from the baneful sweetness of highly sugared Foods.

TINS. 1s., 2s., 5s. & 10s.



THE DATURA TATULA, for Asthma, Chronic Bronchitis, &c.

"It is a remedy of great efficacy."—*Dublin Journal of Medical Science.*

"I have suffered from attacks, attended with painfully suffocative sensations, which have been immediately relieved by smoking, for a few minutes, the Datura Tatula. I consider it of great power and usefulness."—DR. BARKER on *Diseases of the Respiratory Organs.*

In Cigars, Cigarettes, and all forms for Smoking and Inhalation.

SAVORY & MOORE, 143 NEW BOND STREET, LONDON, W.

AND ALL CHEMISTS THROUGHOUT THE WORLD.

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

THE IMPROVED BODY BRACE.
FIG. 3.



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



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

THE BANNING

Truss and Brace Company's
SYSTEM
OF
Mechanical Support

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

PRACTITIONERS

report to the Medical Journals and to us that cases of

**Hernia, Spinal Deformities and
Uterine Displacement.**

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

Yield Readily to our System of Support.

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

Banning Truss & Brace Co.

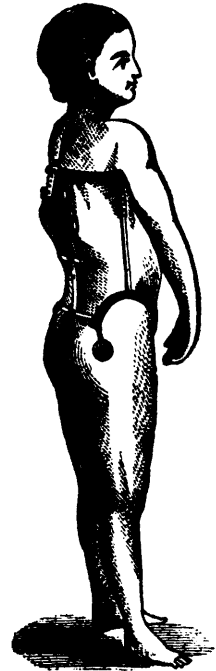
704 BROADWAY,

New York City.

NO OTHER OFFICE OF ADDRESS.

Send for our Descriptive Pamphlet.

FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES.

1st. Around the body, two inches below the tips of hip bones.
2nd. Around the chest, close under the arms.

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

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

AN IMPORTANT NEW REMEDY.
SUPERIOR TO PEPSIN OF THE **HOG.**

*A Powder:—prescribed in the same
manner, doses and combina-
tions as Pepsin.*

INGLUVIN.

VENTRICULUS CALLOSUS GALLINACEUS.

From the Gizzard of the Domestic Fowl. Pullus Gallinaceus.

A SPECIFIC FOR VOMITING IN PREGNANCY,

AND A

Potent and reliable remedy for the cure of **INDIGESTION, DYSPEPSIA,** and
SICK STOMACH, caused from debility of that organ. It is superior
to the Pepsin Preparations, since it acts with more cer-
tainty, and effects cures where they fail

PREPARED BY

WILLIAM R. WARNER & CO.

MANUFACTURERS OF

SOLUBLE SUGAR-COATED PILLS,

IN ALL THEIR VARIETY.

1228 MARKET ST., PHILADELPHIA.

SOLD BY DRUGGISTS THROUGHOUT THE COUNTRY OR SENT
BY MAIL TO ANY ADDRESS.

Physicians will please see that no other article is substituted.

TO PHYSICIANS.

Messrs Warner & Co.

Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, gr. xii.
Sacch. Lac., gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ℥ij.
Spts. Lavand. Comp., ℥ss.
Syr. Rhei, Arom., aa ℥j.
Tr. Opii, gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ʒj.
Morphia Sulph., gr. ʒss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ℥ijss.
Spts. Lavand. Comp., ℥ss.
Syr. Rhei, Arom., ℥vi.
Tr. Opii, ℥ss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from the combining of INGLUVIN with Fr. Nux Vomica, the one-twentieth to one-tenth grain. I have treated a case of Marasmus successfully with the INGLUVIN—see article contributed in "MEDICAL AND SURGICAL REPORTER."

A. F. SHELLY, M. D.

A NEW REMEDY CALLED **INGLUVIN.**

By A. F. SHELLY, M. D.

[From the Medical and Surgical Reporter, February 3, 1877]

"This is obtained from the gizzard of the domestic fowl (chicken) and is a *Specific for Vomiting in Pregnancy*. I have used this remedy for twenty-five years, and it has never failed. It is also the most *powerful* and *reliable* remedy for the *Cure of Indigestion, Dyspepsia, and Sick Stomach*, caused from debility of that organ. It is useful in all cases where pepsines and pancreatines are used, but with more certainty of its good results, for it puts all those preparations in my experience, in the back ground.

In complicated affections of the Stomach, such as *Inflammation, Gastralgia, Pyrosis, etc.*, it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhoea and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College; he gives me the results of seventeen cases as follows:—

IN VOMITING OF PREGNANCY, OUT OF NINE CASES HE CURED SIX, AND PALIATED TWO, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of Sick Stomach, caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate Sick Stomach caused by irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that Vomiting of Pregnancy is a sore affliction, and in some cases almost endurable, nay, indeed, putting life in jeopardy; but in INGLUVIN we have a remedy which will prove to be a great blessing to mothers, who, as yet, think vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In Dyspepsia and in Vomiting of Pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the Stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

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☛ SAMPLES OF INGLUVIN FOR TRIAL IN PRACTICE, FURNISHED PHYSICIANS. ☛

11 RUE NEUVE DES CAPUCINES,

PARIS, February 20th, 1879.

Editors North Carolina Medical Journal.

GENTLEMEN:—

* * * I cannot conclude this letter without saying a word in regard to a medicine which has recently been introduced into France by our enterprising countrymen, Messrs. Wm. R. Warner & Co. of Philadelphia. Among other specimens of their exhibit at the recent Exposition, their agent in Paris very kindly sent me several bottles of **Ingluvin*—prepared from the gizzard of the chicken,—with the request that I would give it a fair trial in the treatment of gastric irregularity and disturbance. I am pleased to be able to chronicle the fact, that, in three cases of pronounced atonic dyspepsia and in one case of chronic indigestion, it has acted like a charm—promptly relieving all disagreeable symptoms and restoring the stomach to its proper functions. My patients, who had previously tried without benefit all ordinary forms of pepsine, bismuth, cerium, nux vomica, &c., &c., are delighted with this new remedy and assure me that they experienced benefit from the first dose. Hereafter I shall prescribe it liberally and with great confidence in its therapeutic value.

Assuring you of my abiding interest in the success of the JOURNAL.

Very truly and respectfully yours,

EDWARD WARREN, (Bey) M. D., C. M.

*A powder prescribed in the same manner and dose as Pepsin.

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THE CANADA LANCET,

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Original Communications.

SPINAL IRRITATION WITHOUT DEFORMITY TREATED BY SUSPENSION, AND THE USE OF PLASTER OF PARIS BANDAGE.

BY A. A. HENDERSON, M.D., OTTAWA.

I wish briefly to state to the profession the result of treatment of several severe cases of spinal irritation without deformity, cured by suspension and the application of plaster of Paris, after a thorough but unsuccessful trial had been made of the means usually adopted in the treatment of that severe complaint. I applied it for the first time in this disease on the 11th of March 1878, after having for twenty-two months faithfully attended my patient, and during that period having repeatedly had consultation with professional friends, and used thoroughly every remedy which they or I could suggest. I applied a jacket which gave immediate relief. Suspension was not only perfectly painless, but on the contrary, the pain caused by the disease, ceased the instant the patient was raised by the suspender. As a result of this, and subsequent cases, I feel satisfied that in suspension and plaster of Paris we have a means as certain to cure in spinal irritation without deformity, as in spinal curvature, and giving as perfect and immediate relief from pain. I have not used this treatment in mild cases, for they as a rule yield readily to more convenient means, but whenever the case shews obstinacy, I now advise suspension and a plaster jacket with perfect confidence as to the result. I give the history of three of the most interesting of the cases I have treated in this manner.

Case 1.—On the eighth of May 1876 I was called to attend Miss H—, aged 25. I found her suffering from the usual symptoms, produced by irritation of the cord throughout its entire length. Two

chief points of spinal tenderness on pressure were found, one situated in the lower cervical, and the other involving the lower dorsal and upper lumbar region. No part of the spine, however, was perfectly free from tenderness on pressure. She complained of pains in the head and face, of a neuralgic character, and chiefly unilateral. The pain in the face was accompanied by slight but frequent twitching of the facial muscles of the left side. There was much prostration, a feeble state of the circulation, coldness of the hands and feet, and loss of appetite. Occasionally severe pain was felt at the præcordia, at other times the pain was abdominal. Headache was increased by mental or physical exertion, and palpitation of the heart was usually induced by either of them.

The usual constitutional and local treatment gave temporary relief, but in the early part of September of the same year, these symptoms returned in a more aggravated form, and accompanied by spasms which in spite of all treatment continued to become more violent, and to change from one part of the body to another, till they finally became violent general convulsions. The changes in the spasms were peculiar and interesting. They first appeared on the side of the face, next the muscles of the arms were affected, then those of the body were involved. The general convulsions varied. At one period there were convulsive movements of the body and extremities. These disappeared, to be replaced by a peculiar movement which caused the patient to slip downwards to the foot of the bed. These in turn yielded, only to be replaced by violent convulsive movements of the body and limbs, which ended on each occasion by the patient being suddenly raised to a semi-erect posture and then turned violently over, face downwards upon the bed. These also disappeared in turn, to be succeeded by a rapid hammer-like movement of the head and upper part of the body. The movements were very violent, and directed only backwards and forwards, necessitating a pillow being held against the back of the head to protect it from injury. The attacks returned several times each day. I repeatedly called my medical friends in consultation, but all our efforts failed to arrest the disease, which continued with gradually increasing severity till March 1878. She was now terribly reduced in strength, and hope of recovery seemed gone. Any attempt to move her caused intense suffering.

I now determined as a *dernier resort* to try suspension, and the application of a plaster of Paris jacket according to the method recommended by Dr. Sayre of New York for the relief of posterior curvature of the spine. On *11th March, 1878*, having obtained the consent of my patient and her relations to try this as a forlorn hope, I raised her carefully in the suspender, and rapidly applied the plaster bandage in the usual manner. When raised in the suspender she said, "I feel no pain now, but I am very weak." In eight minutes I had put on the jacket, and just as it was almost completed she fainted from exhaustion. I at once lifted her from the suspender and laid her upon a sofa, when consciousness soon returned. I allowed her to rest for half an hour, and then carefully raised her to the sitting posture, when to my intense satisfaction, and her own unbounded delight, she was for the first time in several months able to sit alone, and perfectly free from pain. In half an hour more, one hour after suspension, she was able to stand alone for a few minutes. Her improvement in strength was now rapid.

Early in July of the same year, (1878) though perfectly free from pain or spasms of the body or limbs, and strong enough to walk about, she was seized with spasms of the head and face, without pain, but accompanied by tenderness of the cervical portion of the spine on pressure. I immediately attached Dr. Sayre's *jury mast* to her plaster jacket, and was gratified to find that the spasms ceased the moment the head was firmly supported by the jury mast. From that time her recovery was satisfactory. There was no return of convulsions.

I changed the jacket occasionally as in spinal curvature. On the 22nd of October 1879, I removed the jury mast, and on the 30th of the same month I removed her jacket and pronounced her cured. From that time to the present she has enjoyed excellent health.

Case 2.—On May 10th, 1878, I was requested to visit Mrs. F—. She told me that her health had been poor for several years, and for nearly four months she had been confined to her house, with symptoms which I found indicated spinal irritation of the dorsal region. No muscular spasms existed, and no deformity.

I suspended her and applied the jacket in the usual manner. She stood the operation well, and expressed herself highly pleased with the change

in her feelings, which the jacket produced. I ordered her to take abundance of fresh air and no medicine. Her health improved rapidly. I applied in all four jackets. On October 15th, 1879, I removed her last jacket, she being perfectly well.

Case 3.—On March 23rd, 1880, Mrs. L—, a young married lady consulted me; she suffered agony from spinal irritation of the dorsal and lumbar regions. No deformity existed. The symptoms were those we generally find in such cases, only the suffering was more than usually intense. This state of matters had been going on for a year. I applied a jacket with much difficulty, and much more loosely than usual, on account of even slight pressure causing a feeling of suffocation. The jacket benefited her so much that I permitted her to go home, a distance of seventy-five miles. Her next jacket I was able to apply much tighter. On November 16th I applied the one she has on at present. Her health has improved very much, and when I saw her last, she certainly had almost been restored to perfect health. I expect soon to remove her jacket for the last time.

FRACTURE OF THE SKULL, WITH A COMPLICATED FRACTURE OF THE LEFT FOREARM.—RECOVERY, WITH UNAVOIDABLE RESULTS.

BY C. FREEMAN, M.D., MILTON, ONT.

The case which I am about to report is interesting to the profession in two particulars; firstly, from its being of extremely rare occurrence, and secondly, from its having formed the subject-matter of a supposed case of malpractice.

D. T., æt. 14, carpenter, whilst assisting his father in the erection of the new Town Hall at Georgetown, Ontario, fell on the morning of the 17th of August, 1878, about 22 feet, with a pair of rafters in his hands, on the hard floor, his head striking against a scantling. The fall produced fracture of the skull above the left orbit, (followed by both concussion and compression of the brain) and fracture of the radius and ulna of the left forearm in their lower third, with rupture of three of the tendons of the flexor sublimis digitorum at their attachments to the muscle—and severe contusion of the other flexors. There were no abrasions of the skin at the seat of either fracture.

Drs. Wm. Freeman, Standish, Starr and Rannay were summoned immediately and found the patient apparently lifeless, with little or no prospects of recovery. After the free use of salts of ammonia and other stimulants, Dr. Freeman reduced the fracture of the left forearm and applied Day's splints. He then cut down and elevated the depressed bone of the skull, with the assistance of the medical gentlemen present. The patient was seen three times on the day of the accident and the arm was dressed during the evening. The boy was in a semi-comatose state for a few days and required the use of the catheter. The arm and head were dressed daily and the patient was seen twice and thrice daily for two weeks, and afterwards once a day until the 7th of October. Drs. Rannay, McGarvin and C. Freeman saw the boy in consultation at subsequent periods within ten or twelve days of the receipt of the injury, and corroborated the defendant's testimony at the trial, that at no time was there a solitary condition present to indicate gangrene from tight bandaging—but the deep-seated suppurative inflammation arose from rupture and contusion of the tendons from the severity of the accident. About the beginning of the second week a fistulous opening made its appearance over the seat of fracture and gradually enlarged upwards, until three of the tendons of the flexors came down and were removed by the attending surgeons, about the beginning of the third week, when Dr. McGarvin had paid his second visit. When the suppurative inflammation commenced, the anterior splint was removed and never used again. The bandage was then applied around the palm of the hand and up the arm, leaving an interspace of about four inches to allow local applications over the seat of the fracture. After the debris was removed, it healed kindly, resulting in a perfectly straight forearm with partial contraction of the fingers, produced by the adhesion and contraction of the flexor profundus digitorum. The patient was requested to persevere with passive motion, which he declined because it caused pain. The parents, at one time, wished Dr. Freeman to remove the hand, but this he declined to do, stating, that though impaired, it would be better than an artificial hand. No dissatisfaction was expressed during the treatment nor afterwards, until the doctor sent his bill, when the father manifested his high appreciation and admiration of the doctors' skill and great atten-

tion to his son by instituting a most vexatious suit at the Milton Assize Court, for \$5,000, in September last, for negligence and want of skill during the treatment of his son.

In consequence of the delay in obtaining the preliminary examination of the patient before his Honor Judge Miller of Halton, Chief Justice Wilson granted the application for changing the venue to the Hamilton Assizes, on the 25th of October. Notice was given for trial and expenses again incurred, and then it was countermanded. The gist of the boy's evidence before Judge Miller was, that he was faithfully attended by Dr. Freeman; his hand and fingers were never swollen, benumbed or discolored, and that his finger nails were natural and did not come off. He wanted money for the partial loss of his hand. The trial finally took place on the 5th and 6th of January, 1881, at the city of Hamilton, before Mr. Justice Galt. The chief contention on the part of the plaintiff's counsel was, that the arm was not dressed for eight days, and thus the deep seated suppurative inflammation arose, solely from the splints and tight bandages—through the culpable neglect and want of skill of the defendant. This was very inadequately supported by the lay testimony of the patient's family and friends, together with the professional testimony of Drs. Standish, Starr, De La Haye, Beunet and Hagel. On the other hand, the defendant's counsel contended that there was neither negligence nor want of skill in the treatment of the patient, which was conclusively established, not only by a number of disinterested and respectable lay witnesses, but was further ably and unanimously confirmed by Drs. Canniff, of Toronto, Ridley, Billings, Mackelcan and Miller, of Hamilton, McMahon, of Dundas, Buck, of Palermo, McGarvin, of Acton and C. Freeman, of Milton. The Judge's patience was sorely tried and almost exhausted by the hesitancy and delay on the part of many of the medical witnesses for the prosecution, when he put this important question to them, "Would not deep-seated suppurative inflammation, which lasted for months, be more likely to occur in a broken limb from internal injury or contusion, than from any subsequent bandaging or splints?" His Lordship, after paying a very high encomium on the medical profession and its advantages to the public, animadverted in the strongest terms on the ingratitude of the

plaintiff and the vexatious injustice and great expense incurred by the suit to the defendant. It is therefore my duty, said the learned Justice, not to allow this case to go to the jury, as there is not a vestige of evidence to show either negligence or want of skill on the part of the defendant. It is certainly an outrage on the profession, that unprincipled men who desire to evade the payment of a just and honorable debt, should be permitted to put any surgeon to such extraordinary annoyance and expense without giving security for costs. Politicians are protected in the costs for protested election trials. Why not extend the same right and privilege to the medical profession? . . .

There should be a limitation of three months in which to bring an action for malpractice, which is the time allowed by law to bring actions for damages against municipalities in cases of accidents. Why should there be such discrimination against members of the medical profession?

ON EARACHE, ITS VARIETIES AND TREATMENT.

BY G. S. RYERSON, M.D., L.R.C.P.S.E., TORONTO.

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto, and Surgeon to the Mercer Eye and Ear Infirmary.

Pain in the ear may depend upon inflammation of the external auditory canal, the middle ear, or upon neuralgia. Inflammation of the external auditory canal may be diffused or circumscribed. When diffused, the auditory canal is greatly swollen and may be completely closed. It is hot, dry and covered with dry flakes of epithelium. It is pale red in colour and has a puffy or œdematous look. Pain is considerable, but the patient is as much distressed as suffering. Moving the auricle, or touching the part causes increase of pain. The hearing is dull and there is much tinnitus, roaring and throbbing.

The causes are exposure to draughts; irritation of a foreign body, as a plug of wax, and imperfect drying of the ear after bathing. A chronic form may be induced by the bad habit of picking the ear with pins.

The following case will illustrate the value of atropine in the treatment of this affection. A young gentleman consulted me on September 17th,

for pain and swelling of the right external canal and meatus acquired by travelling in the cars with a window open. The pain was considerable, and prevented his sleeping. The external meatus was nearly closed. Pain was increased by pressure, but there was no especial point where it was greater than at any other. I ordered two leaches to be applied to the tragus, and Tinc. opii. ℥ii. Liq. Plumbi diacetatis ℞xl. Aq. ℥i. to be dropped into ear. This gave some relief, but pain and swelling still persisting, I made a free incision along the lower wall of the canal. This also failing to give permanent relief, I ordered 6 to 8 drops of atropiasulph. grs. iv. ad. aq. ℥i. to be dropped into the ear every hour. The effect was magical; the pain was relieved in five minutes, and pain and swelling rapidly subsided, so that he ceased coming on the 20th. When more circumscribed it constitutes an abscess, and finds its best example in furuncle of the ext. canal. The pain is more severe, swelling greater and more vividly red than in the diffuse form. One point is exceedingly painful on pressure. This point should be early and deeply incised, even though no pus be formed. Filling the ear with warm water gives relief. Atropine may also be used, but the incision is usually sufficient. Saline waters may be taken to prevent recurrences, as furuncles are very liable to come in crops. Acute inflammation of the middle ear is the commonest cause of earache. It constitutes, what is commonly and erroneously called an "abscess" of the ear, and is only too often the forerunner of the worst ills the ear is heir too. The name abscess is a most unfortunate one, leading as it does to poulticing and like injurious procedures. A cold in the head, measles and scarlet fever are the usual causes of acute suppurative inflammation of the middle ear. A person having a bad cold in the head, notices that he does not hear very well; he has a stuffy feeling in his head; soon sharp pains dart from the throat to the ear; there is a sense of weight in the ear, with throbbing and noises like steam escaping. The pain gradually increases with occasional violent paroxysms; it is always worse at night. The membrana tympani is greatly injected and bulges, being grey or yellow according as pus is formed or not. As the pain increases delirium may supervene in adults. Convulsions and coma are not uncommon in children. They are often mistaken for symptoms of brain disease.

Owing to the closure of the eustachian tube by swelling, the effused fluids in the tympanum cannot escape into the throat, but accumulate in the tympanum, and by constantly increasing the tension, force the drum onwards and finally ulcerate it. When thinned somewhat it gives way with instant relief to the patient. Hence the practice has unhappily arisen, of poulticing the ear to bring the abscess to a "head." Our efforts should be directed to prevent suppuration and effusion in so delicate an organ as the ear, not to encourage it, and thus destroy the drum membrane to a greater or less extent, displacing the ossicles, and perhaps rendering the patient deaf for life, or the subject of a disgusting discharge; to say nothing of the risk to life from caries of the roof of the tympanum and abscess of the brain.

The treatment is simple; it consists in the early stage, of inflating the middle ear with Politzer's air bag, thus opening up the Eustachian tube and permitting the accumulated fluids to escape. Filling the ear with warm water will often give relief. Eight to ten drops of atropia sulph. grs. iv. aq. ℥j. should be instilled in the ear every two hours. A leech applied to the tragus will give great ease. The wound should be encouraged to bleed for some hours after the leech has fallen off. Should the patient be seen later when there is much bulging of the drum head, paracentesis should be done with good illumination by a head mirror. This at once relieves the intense pain, saves the drum from loss of substance, and the ossicles from displacement. It also heals up more readily than when ulcerated. Should the drum have burst before the practitioner is called in, acid boracis gr. xv. ad aq. ℥j. and zinc. sulph. grs. v. ad aq. ℥j. will be found to gradually arrest the discharge. The ear should be frequently syringed, and the greatest cleanliness observed. *Poultices should never be applied to the ear.* Laudanum and oil are of little use. It also frequently follows measles and scarlatina. Neuralgia of the ear, is rarely met with, and then in nervous women. It does not differ essentially from neuralgia in other parts. There is sometimes abnormal sensibility to sound present, more often however—deafness. The treatment is principally tonic. There is no special local treatment which can be relied upon.

CASE OF UTERINE FIBROUS POLYPUS.

BY J. A. GRANT, M.D., F.R.C.S., EDIN., OTTAWA.

Mrs. H., aged 43 years, of fair complexion, in fact almost exsanguine, black hair and eyes, bilious temperament, regular conformation of body, about 5ft. 6in. in height, and giving evidence at one time of considerable vigor of system. Menstruated at an early age, and with marked regularity during married life. The mother of six healthy children. Now a widow, which she has been for several years. When about 40 years of age, she began to suffer from frequent discharges of bright and coagulated blood, which would continue at irregular intervals for several days at a time.

Frequently annoyed by a feeling of uneasiness and discomfort about the back and loins, which was much relieved by rest in the recumbent posture. At times there was a muco-purulent discharge from the vagina, which occasionally assumed a sanious appearance and became exceedingly offensive in character. She laboured under the idea, that the disease was purely ulceration of the os. Various simple measures were adopted, without any apparent improvement. About the 1st of December I was requested to take charge of the case. At this time there was considerable hemorrhage, offensive and clotty; bearing down pains; irritability of the bladder, associated with pelvic pain, tenderness in the iliac regions extending to the hypogastric, the greatest sense of comfort being experienced by the dorsal decubitus. These symptoms had continued at intervals for fully three years, giving indications of an increase of the diseased manifestations, such as the phenomena of anæmia, blood degeneration and decomposition, with falling off in the digestive functions and the usual associates of failing power in the stomach—the organ of all others which possesses such remarkable sympathetic activity, under either normal or abnormal uterine disturbance. On making a careful vaginal examination, I found the canal free at the entrance, and about two inches from the orifice, the polypus was felt quite distinctly, and admitted of the finger being passed up into the neck of the uterus, the pedicle being well defined. At the first examination the discharge was exceedingly offensive, so much so that I feared the existence of some cancerous complication. After a few days, made a second examination, when, owing to careful

syringing, the offensive character of the discharge had greatly disappeared, and the true character of the disease was more accurately defined. After ten days constitutional and local treatment, the finger could be passed freely into the uterus and the pedicle traced readily towards its attachment at the fundus. Being kindly assisted by Dr. Prevost, the growth was exposed by a Sims speculum, and secured as high up as possible with hooked forceps, and while gentle traction was being made, a wired ecraseur was passed round the pedicle high up, and in a few minutes the tumor was dislodged from the position it had taken up for a period of fully three years or more.

The polypus is pyriform in shape, about the size of an ordinary specimen of that fruit, and having a narrow, elongated pedicle, which was readily divided or compressed through, without a single untoward result. At present, four weeks after the operation, the os uteri has regained its normal vigor, having contracted to the usual size; the discharge has entirely ceased, the various sympathetic indications have almost entirely disappeared, and altogether the system gives well-defined indications of constitutional improvement.

The term polypus is significant in its character, and involves many points of interest. The surgical history of this subject has undergone considerable modification since the days of Dr. William Hunter, who first described fleshy tubercles or fibrous tumours of the uterus. Dr. Baillie has the credit of first pointing out the similarity of structure between fibrous tumours of the uterus and polypi. Since those days the writings of Simpson, Priestly, Hewitt, Barnes and Thomas, have done much to clear up our ideas as to a more correct history of these growths, at present of frequent occurrence in our section of country. Goodell, in his recent practical work, defines a polypus uteri as a stalked tumour hanging from the mucous membrane of the womb, and partaking of the same histological character as the stroma from which it springs. Hence the origin of the terms mucous, fibroid, myomatous and glandular polypus. In addition, Barnes recognizes hypertrophic polypus of the cervix, vascular polypus and placental polypus. Since the days of Scanzoni, Rokitansky and Braun, who took much interest in the pathology of these growths, several varieties have been described, but for all practical

purposes, the classification of Barnes, Thomas or Goodell is sufficient to meet the requirements of any uterine emergency. In the case noted, one point was of much significance, which is particularly dwelt upon by Barnes, that is, the obstinate uterine hemorrhage. He says that in all such cases the cavity of the uterus should be explored by dilating the cervix, in order that we may be enabled to determine the presence or absence of a polypus. With our present advanced ideas on such subjects, there is scarcely left a possibility of doubt, as to the difference between an inverted uterus and a polypus, thanks to the careful pathological and physiological inquiry of the present day. According to Hewitt, the particular period at which these growths have been most observed is when the uterus is at the highest degree of functional activity. Of 85 cases recorded by Dr. West, 21 occurred between the ages of 20 and 30. In uterine pathology, some points of terminology are perplexing to the junior student, and a frequent source of doubt as to the precise meaning. As an example: Recurrent fibroid tumours and fibrous polypus. The first is applied, as we know, to a rare affection, being in fact a growth proceeding from the inner wall of the uterus, and projecting downwards through the os, exactly like an ordinary fibrous polypus, but differing in the especial fact, that a *new* tumour is liable to grow soon after the first one is removed, and hence the designation recurrent, and unlike cancer in every particular except in malignity. The most common form of polypus which has so far come under my notice, is the *glandular* or *mucous* polypus, which, according to Paget, originates in cystic degeneration of the glands in the mucous membrane about the cervix uteri. It is a recognized principle, that as a rule, polypi prevents pregnancy. In 1879 I expressed that opinion in a case where I had observed a well-defined mucous polypus, quite in the os. Since that date the woman was delivered of a seven months' child, much to my surprise. According to Paget, fibrous polypi of the uterus are in fact *continuous* outgrowths of, and form the substance of the uterus, and that fibrous tumours are discontinuous growths of similar tissue in or near, not of the substance of the uterus. In all such cases where a doubt exists as to the exact nature of the pedicle, it is considered prudent to avoid the use of anæsthetics, when operative interference is necessary.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I enclose you an advertisement cut from our local paper here, *The Expositor*, by Dr. M. Hilton Williams, which speaks for itself. I find upon enquiry that he is a graduate of Victoria College and a member of the College of Physicians and Surgeons, Ontario. I think this a very exceptional instance—a graduate of a Canadian University prostituting his position and adopting the *role* of the quack—and I would like to call the attention of the authorities of Victoria to the conduct of its unworthy son.

Yours, etc.,

Feb. 16th, 1881.

A. B.

Dr. M. HILTON WILLIAMS, proprietor of the "Detroit Throat and Lung Institute," intends making a professional tour throughout Ontario prior to his establishing an Institute in the city of Toronto, to be designated "The Ontario Pulmonary Institute, and will arrive at the Kerby House, Brantford, on Wednesday, February 9th, and will remain for a few weeks. . . . Never before have the people of Brantford and surrounding country had such a favorable opportunity of being treated: . . . for by the system adopted by the Doctor, but a few weeks or months are required to cure the most obstinate cases of Catarrh, Throat Diseases, Asthma, Bronchitis, and the earlier stages of Consumption. . . . Our Institute at Detroit has been permanently established since 1870, since which time nearly 18,000 cases have been permanently cured of some of the various diseases of the Head, Throat and Chest, viz.: Catarrh, Throat Diseases, Bronchitis, Asthma, Consumption, Catarrhal Ophthalmia (Sore Eyes), and Catarrhal Deafness. Also, diseases of the Heart. Our System of Practice consists in the most improved Medicated Inhalations, combined with proper constitutional treatment. . . .

The very best of references given from all parts of Canada from those already cured. Remedies sent to any part of Ontario. Consultation free. If possible, call personally for consultation and examination, but if impossible to do so, write for "List of Questions" and "Medical Treatise."

Address, M. HILTON WILLIAMS, M.D.

To the Editor of the CANADA LANCET.

SIR,—May I again ask the favor of space for a reply to another communication from Dr. Ruttan on the use of olive oil for the solution of biliary calculi.

I accept Dr. Ruttan's statement when he says he has for himself verified the assertion that olive oil causes the discharge of large numbers of fatty concretions, whether a patient is subject to liver disease or not.

This matter being disposed of, it will be observed that the main results brought about in the cases recorded by me remain untouched. I have already said that should the theory of the separation of the solid from the fluid parts of the oil prove to be the true way of accounting for the formation of the fatty concretions, that in that case it is fair to hold that the calculi were not partially, but wholly dissolved. What are the grounds? Undoubted relief was obtained from the symptoms of the presence of gall stones, and the periodical suffering, which in some cases had been of several years' standing, disappeared. Olive oil, the agent employed, is probably the most effective and rapid solvent of cholesterine of any which have hitherto been tried.

As to the *modus operandi* of the agent, let it be considered for a moment how the calculi have in the first instance been formed. Cholesterine, we will say, exists in the blood, and in the liver normally in a fluid state, but in minute quantity. In certain abnormal conditions it is formed in excess, and when so formed it tends to become solid and attach itself to floating shreds of inspissated gall or mucus. The process of the formation of a gall stone has commenced, and layer upon layer of cholesterine being deposited, a gall stone is the result. The reverse of this procedure must take place when a calculus becomes dissolved. If an excess of a material which has the property of dissolving cholesterine be now formed in the blood, and through it into the liver, we have the necessary condition for producing this result. Oleine, if it be so assimilated, furnishes the required condition. That the result does take place in a given instance, can only be arrived at by the subsequent history of the case. Such a history will, I believe, be found in the case of Robert C., by any impartial medical gentleman who seeks to investigate it.

I notice that Dr. Ruttan has fallen into a slight mistake with reference to Dr. McLean, of Michigan University. Dr. McLean himself had no experience in these cases. It was a colleague of his who tried and succeeded in the use of the

remedy. I knew nothing whatever of his views with respect to the fatty concretions.

Dr. Ruttan's comparison of the concretions with gall stones, however it may hold in regard to fatty concretions, are inapt and cannot be held to apply in respect to gall stones supposed to be subjected to the action of olive oil within the system. Calculi subjected to the action of olive oil heated, do not for any time retain their original appearance and characteristics. A few minutes serve to denude the nuclei of cholesterine. What happens in these circumstances out of the system will, *ceteris paribus*, take place within the system; and it is a fairly legitimate conclusion, that if the oil has access to them, either directly or indirectly, they will disappear,—the nuclei, which of course cannot be detected, alone remaining undissolved.

Dr. Ruttan records the fact that he has found olive oil a valuable aid for the removal of scybalæ, but from the following statement made to me by an old patient, he seems to have succeeded by using it in other cases also. I attended Wm. L., a respectable farmer, for remittent fever somewhat over a year ago. I prescribed quinine in large doses, with only partial relief. The patient thought it well to seek the advice of other medical men. These gentlemen expressed surprise that I had not recognized the affection as one of gall stones. The remedy, he informed me, was olive oil in large doses. The medical men were Dr. A. Ruttan and Dr. Ruttan, Jr. Whatever the *modus operandi* of the oil in this case the patient was relieved, and expressed himself well pleased with the issue. I also was not a little pleased to have the testimony of so unexceptionable a witness to the value of the oil as used by Dr. Ruttan in his own practice.

Yours faithfully,

Bath, Feb. 12th, 1881.

R. KENNEDY.

ELECTRO-THERAPEUTICS.

To the Editor of the CANADA LANCET.

SIR,—There is an adage now beginning to be somewhat received—"That it is not so much electricity that cures, as the method of using [it]." A communication in the last number of the *Lancet*, "On Electro-Therapeutics," by Dr. A. M. Rosebrugh, quite forcibly illustrated this. While his descriptions of the methods of general faradization

and central galvanization were in general very good, he falls into the common error, that the full measure of benefit to be derived from general faradization,—can be obtained through partial or incomplete methods of procedure. He does not by any means stand alone, for at a recent meeting of the American Neurological Association, a gentleman, who is supposed to be well informed in the principles of electro-therapy, while testifying to the tonic effects of electrical applications, stated also that he had found it unnecessary to do more than to place the electrodes in either hand of the patient. Comment is unnecessary. Dr. Rosebrugh's proposed modification of general faradization, is not so bad, yet by no means satisfactory. He would "dispense with the copper plate, and avoid the inconvenience of bareing the feet and keeping them warm during a seance, by applying the negative electrode, either to the back part of the leg, the outer side of the thigh, or to the popliteal space." He says also that "a double cord may be connected with the negative pole, and an electrode applied to each of the lower limbs." It is impossible to carry out the method with any degree of thoroughness in this way. An electrode placed either on the back of the leg or thigh, would in most cases, cause too great muscular contractions together with other effects, long before the current was sufficiently strong at the other pole for many of its effects. The negative pole placed in the popliteal space when the nerves lie so near the surface, would in like manner cause effects exceedingly disagreeable.

As to the suggestion of a double cord connected with the negative pole, the same objection prevails, together with the practical difficulty, through inequality of pressure, &c., of equally influencing the two limbs. While it is quite within the power of every physician to utilize in his practice, these two methods, their mastery is not so simple a thing as some would imagine. As much patient labor and attention to detail, is, it is safe to say, required, as in any other special department.

Rightly used, they need never do harm, and in many chronic conditions possess undeniably the power of relieving after the failure even of the most approved remedies. And I must say, that after an experience in not only thousands but in scores of thousands of applications, that the difference in result between incomplete applications with little at-

tention to detail and the more thorough methods of treatment, is in many cases all the difference between agreeable success and painful failure.

Very truly yours,

A. D. ROCKWELL, M.D.

46 East 31st St.,

New York, Feb. 10, 1881.

THE ORGANIZATION OF A BLOOD CLOT.

To the Editor of the CANADA LANCET.

SIR,—In the January number of the LANCET, Dr. Canniff reiterates the statement that a blood clot does not become organized in a wound treated antiseptically, and he calls upon those who practice Listerism to prove that when a clot does become organized that it is anything else than (1), fibrine, coloured by the unbroken corpuscles; (2), fibrine, covered by blood; (3), "fibrine, colored by the red property of the blood." He further adds, "that clots of this kind I have repeatedly seen becoming consolidated under ordinary open treatment of wounds."

If Dr. Canniff would explain what he means by a blood clot, this discussion would be greatly simplified. According to all physiologists, a blood clot is composed of fibrine and corpuscles. I confess that I cannot understand what Dr. Canniff means when he speaks of "fibrine covered by blood," or of "fibrine coloured by the red property of the blood." Such combinations can, I venture to affirm, never exist in a wound. Dr. Canniff's first form of clot, "fibrine coloured by the unbroken corpuscles," is a true red blood clot, and if Dr. Canniff means what he says, that he has seen it undergo organization under the most indifferent treatment, his experience is, to say the least of it, unique; but the Dr. evidently does not believe this, for in another part of his communication he distinctly leads his readers to believe that a blood clot does not undergo organization under any form of treatment. The only natural inference from this is, that Dr. Canniff does not believe that a blood clot is composed of fibrine and corpuscles.

That a blood clot does undergo organization in a wound treated according to Lister's method, we have overwhelming and incontestable evidence, not only from those who practice Listerism, but also from those who do not. Among the former I

would mention Dr. Just Lucas-Championnière, who says,* S'il a des caillats de sang enfermés derrière les lambeaux, entre les livres de la plaie, au de se désagregér, de provoquer la suppuration, d'empêcher la réunion, ils s'associent aux phénomènes de réparation. On voit leur surface prendre une teinte grise très caractéristique. Ils sont adhérents aux lèvres de la plaie, il faut incertain pour les détacher et au bout de quelques jours, si on les gratte ou fait saigner leur surface; il y a là des vaisseaux nouveaux.

D'après le professeur Lister, ils s'organisent sur place. A coup sûr, l'opérateur ne doit point redouter leur présence dans la plaie.

I have seen true blood clots undergoing organization in Billroth's wards, in cases treated according to Lister's most improved method. Esmarch has lately (Berliner Klin. Woch.) shown how very large blood clots undergo organization in bone operations performed antiseptically. It is well known that Nussbaum and Volkmann believe in the organization of blood clots under antiseptic dressing. Keith says, (*Brit. Med. Fr.*) that one of the causes that determined him to adopt Listerism in ovariectomy, was the fact that he saw in Lister's wards a blood clot undergoing organization in a case of compound fracture.

In speaking of this case afterwards, he said: "I could not get over the organization of the blood clot in the wound." Heath, although he does not practice Listerism, says he has seen a blood clot undergoing organization in Lister's wards. Can it be possible that such men as Lister, Billroth, Nussbaum, Esmarch, Volkmann, Championnière, Keith, Heath, &c., are wrong, and Canniff right?

Dr. Canniff uses Sir J. Paget's name as if he was an opponent to Listerism. The following extract from the speech delivered by Paget at the discussion on antiseptic surgery, in St. Thomas' Hospital, shows this eminent surgeon's estimate of Listerism. (LANCET, Oct. 20, 1879:—

"I admit with Mr. J. Hutchinson, that such operations as ovariectomy, osteotomy, incisions into healthy joints, the opening of large abscesses, *could* and *should* only be done under the protection of thorough antiseptic measures. Of all the important additions to knowledge, this has been the

* Chirurgie, Antiseptique, Principes modes. D'Application et Resultats, Du Pansement De Lister. Deuxième édition, p. 115.

greatest, and in that work he who beyond all comparison has done most is Prof. Lister."

I had not the slightest intention in my former communication of conveying the idea that the President-elect of the Canada Medical Association should be debarred from expressing his opinion as to the value of Listerism. What I wished to say was, that it was a painful blow to many of the readers of the CANADA LANCET, to see such an expression as "hocus-pocus proceedings" applied to the results of labour which are now universally acknowledged by the civilized world to be the greatest boon of the century to poor, suffering humanity.

Yours, &c.,

J. STEWART.

Brucefield, Feb. 14th, 1881.

Reports of Societies.

ONTARIO MEDICAL COUNCIL — EXECUTIVE COMMITTEE.

The Executive Committee met in the College building, February 8th, 1881. Present:—Drs. Bergin, Macdonald, Edwards, Husband, Allison, Burns.

The minutes of the last meeting were read and confirmed.

The Matriculation Examination, held in August last, was discussed for a short time.

Dr. H. H. Wright appeared before the Committee on a matter connected with a petition of some students, after which, the discussion of the August Matriculation Examination was continued.

It was moved by Dr. Macdonald, seconded by Dr. Burns,—

It appearing that a clear provision has not been made by the Medical Council with regard to the Matriculation Examination in August last, and that doubts have arisen as to the regularity of that Examination on the part of the Council,—that students who have passed on any subject in August, shall be allowed that subject at the next Examination in April.—*Carried.*

The use of part of the basement was applied for by the Natural History Society. Under certain conditions, this was granted, subject to the approval of the Council.

Mr. J. A. McDonald (a student) appeared before the Committee, introduced by Dr. Burns, and explained the object of the petition he presented to the Committee. He wished to be allowed the

subjects on which he passed at the last Primary Examination, 1880.

Moved by Dr. Burns, seconded by Dr. Husband,—That the petition be granted.—*Lost.*

A letter was read from the Minister of Education, enclosing a Memorandum prepared by two of the High School Inspectors. The letter was to bespeak the "careful consideration" by the Executive Committee of the Memorandum in question, which is as follows:—

(1). The present regulations of the College of Physicians and Surgeons of Ontario require candidates for matriculation to pass the Intermediate Examination, taking however *three* instead of *one* of the Optional Departments. There are in the Intermediate Examination programme, *four* optional departments, viz. :—

1. Latin.
2. French.
3. German.
4. Natural Philosophy, Chemistry and Book-keeping.

While candidates for the Intermediate Certificates are required to take any ONE of them, those for Medical Matriculation must take the first, the last, and either French or German. The result has been, that a great many of the High School masters have been put to serious inconvenience. Heretofore, the time tables have generally been so arranged, that all the optional subjects were taught at the same hours, the candidates for the Intermediate Examination being instructed together, in English and Mathematical subjects, and separated at the period for the optional departments. Now in schools where there are pupils preparing for medicine, the masters find it practically impossible to devise good time tables. Again, as the medical candidates have a greater number of subjects than the other intermediate candidates, they have not time to devote as much attention to the subjects common to both groups of pupils, and consequently cannot make as rapid progress in them.

2. The High School Inspectors are of opinion that the Intermediate Examination, pure and simple, is considerably more difficult than any entrance examination heretofore exacted by the College of Physicians and Surgeons, and they would suggest that it would be quite sufficient to require candidates in medicine to pass it, taking the Latin option. If, however, the Medical Coun-

cil think a higher standard desirable, they can, without inconveniencing the High School masters, secure one, on this basis, by requiring any percentage they choose of the marks to be obtained.

It is understood that the College of Physicians and Surgeons will not recognize any Matriculation Examination in which Natural Philosophy is not included. Should this reason have weight with the Medical Council, they could still lessen the difficulties of the High School masters by dropping French, German, Chemistry and Book-keeping from their programme.

After consideration of the above. It was moved by Dr. Burns, seconded by Dr. Edwards,—

That inasmuch as the latter part of sub-section V., page 11, of the Annual Announcement has been found, according to the testimony of all the High School Inspectors, to have created a good deal of confusion, and likely, if not certain, to be impracticable,—the said portion after the word "identity" shall not for the present, be carried out.

The motion was ruled out of order by the chairman, Dr. Bergin.

It was moved by Dr. Macdonald, seconded by Dr. Allison,—

That as it appears from a communication read to the Executive Committee and signed by the Hon. Mr. Crooks, that the Education Department is unable to comply with the expectations of the Medical Council as to the examination of parties wishing to be registered as matriculated medical students,—it is moved that the Matriculation Examinations by the examiners of the College be held as heretofore in Kingston and Toronto for one year more. In the meantime, the matter is referred to the consideration of the Council.

Some discussion ensued and the motion was not put.

Dr. Burns moved that the Registrar furnish to the next session of the Committee a report of the annual Assessment Fees, and also of the amounts paid for convictions to the Treasurer up to the 31st of January, 1881.

Committee met again in the evening. Petitions were presented from Dr. Wheatley for registration—not granted; also one from John Walker, a student matriculated in 1878, to go up for his final examination in the spring—not granted; also from A. H. Ferguson, student matriculated in University of Manitoba in 1877, not registered as a medical student till 1878, owing to his living in Manitoba,—he wishes to be allowed to go up for his final examination next spring—granted.

Reports of Assessment Fees and fees for convictions were presented by the Registrar.

Assessment Fees collected since July 13th, 1880, to January 31st, 1881	\$1195 00
Received from convictions for practising without license.....	149 25
Still due for do.	300 00

Petitions were presented from Mr. Ferrier and Mr. Brereton, making a request similar to Mr. Walker's—not granted.

Various other petitions were presented from students and others. Amongst these was one praying for the removal of Dr. Sullivan as examiner on Surgical Anatomy, owing to his teaching that subject, as stated in the Announcement of the School to which he belongs, it being contrary to the regulations of the Council to have any examiner examine in a branch he teaches.

The Registrar was instructed to correspond with the Kingston Medical School, to ascertain the facts of the case.

Other petitions were presented, and a letter from Mr. Holden, asking to be registered as a student after July 1st, 1881, on paying the fee and presenting a certificate of having passed the Intermediate High School Examination, with Latin included. The Committee decided that the Council must settle this question.

Certain accounts were presented and letters connected with assessment dues.

Communications were read from persons holding certificates of having passed the Intermediate Examination, inquiring if they can be allowed to take the Latin examination before the Council's examiners in April, 1881,—request refused.

The Memorandum of the Educational Department was again considered, and the Registrar was finally instructed to notify the Minister of Education that the Executive Committee had considered the Memorandum of the High School Inspectors, sent by him, and that they did not feel justified in making any change in the Curriculum as published in the last Annual Announcement, 1880-1881.

Committee adjourned, to meet again February 22nd.

TORONTO MEDICAL SOCIETY.

Dec. 16th, 1880.

The Society met at 8 p.m. The Vice-President Dr. Geo. Wright in the chair. The minutes of the previous meeting were read and adopted.

Dr. Canniff exhibited a patient in whom he had excised the elbow, for extensive articular disease. The arm was in very fair condition.

Dr. Bertram Spencer was proposed, and Dr. T. S. Covernton and Jas. Lesslie were elected members. Dr. R. Lesslie was elected a corresponding member of the society.

Dr. Cameron exhibited some specimens from a case of enteritis.

Dr. Geo. Wright exhibited a foetus and appendages at about the 4th month.

A paper upon malignant disease was then read by Dr. Geo. Wright. The paper was based upon the writer's personal experience and observation. He did not consider that malignant disease was proportionally to the population on the increase. It was very fatal, but he hoped that the advance of science would succeed in stamping out the susceptibility to the disease. The signs at the outset were vague and indistinct, and often simulated other affections of a non-malignant nature—as renal calculus, or simple dyspepsia, or rheumatism. The disease might remain latent for a long time. Pain was not always a marked symptom. The cachectic appearance was distinctive, but appeared late in the disease. He was adverse to surgical procedures, and in the future looked for a specific for cancer, just as we had quinine in ague, and mercury in syphilis. He related interesting cases to support his views.

Dr. Graham related cases which had simulated renal calculus, as a diagnostic point he remarked that in renal calculus we had the severe pains, &c., for a long time without failure of the health, whereas in cancer there was a progressive decline along with the pain and other symptoms.

Dr. Oldright thought that cancer was a local manifestation of a constitutional taint called into action by some local irritant. He did not agree with the writer's opinion of surgical interference. He thought the difficulty was that we did not interfere soon enough.

Drs. Rosebrugh, Riddel and others also took part in the discussion.

Dr. Reeve exhibited a burr or drill for perforating the mastoid. He said that the mere fact of perforation often gave relief to pain although no pus was found.

Dr. Oldright mentioned a case of dislocation of the head of the fibula backwards.

The meeting then adjourned.

January 13th, 1881.

The Society met at 8 p.m. the President in the chair. The minutes were read and confirmed.

Dr. White presented a specimen which was considered to be a mucous polyp from the posterior nasal passage. It had been coughed up, without pain, hemorrhage, or any previous disturbance.

Dr. Rosebrugh then read a paper upon Electro-Therapeutics, which he illustrated with drawings and apparatus. He gave a short history and divided the subject into two great classes. General Faradization and Central Galvanization—the first tonic, the latter sedative—and finished by detailing the modes of application and the diseases in which the two forms were of benefit.

Dr. Graham related a case of a child with convulsions, in whom half an hour before death the axillary temperature was $111\frac{1}{2}^{\circ}$ F.

After some miscellaneous business the meeting then adjourned.

January 27th, 1881.

Society met at 8.30 p.m. Dr. Geo. Wright in the chair. The minutes were read and confirmed. Dr. Osler was elected an honorary member of the Society.

Dr. Cameron related a case of Phlegmonous Enteritis, beginning with slight unsuspecting symptoms, terminating fatally on the 7th day. He also reported a case of hysterical labour at $6\frac{1}{2}$ months. The intestines were matted together in front of the uterus.

A third case he detailed at some length submitting a thermometrical record for 30 days. The case was a difficult labour with placenta prævia. After a few days of satisfactory progress rigors and high temperature appeared, which continued to rise and fall very irregularly, chills occurring occasionally; there was some cystitis. Cellulitis was diagnosed by exclusion as the symptoms were not clear.

Dr. Macdonald reported a case of hepatic abscess which was discharging through the bowel, the discharge was intermittent, and accompanied by attacks of severe diarrhoea.

After some miscellaneous business the meeting then adjourned.

February 10th, 1881.

The Society met at 8.30 the President Dr. Covernton in the chair. The minutes of the last meeting were read and confirmed.

Dr. James Ross, Jr., was nominated to become a member of the Society.

Dr. Riddel exhibited a uterine polyp discharged with some flooding after five days exhibition of ergot.

Dr. Geo. Wright mentioned a case of rupture of the diaphragm, allowing the right lobe of the liver to be pushed into the thoracic cavity—there was no history—the case was met with in the dissecting room.

CATARAQUI MEDICAL SOCIETY.

Friday, January 7th, 1881.

Jno. R. Dickson, M.D., F. R. C. S., Ed., President, in the chair.

The following members were present:—Drs. Day, Dickson, Dupuis, Henderson, Kennedy, Metcalfe, Middleton, McCammon, Phelan, Saunders, Sparks, and Sullivan.

“PAIN IN THE SIDE.”—Dr. Phelan read a paper upon this very frequent symptom which often warns us of incipient phthisis and other grave organic lesions. He mentioned a case where a lady had been examined by him for “pain in the side” at 10 p.m., and although a physical exploration of the chest could not explain the cause, she died before morning from hæmoptysis. It is a common source of complaint in coal-heavers and grain-shovellers from excessive use of the pectoral muscles, and a few days rest generally effects a cure. In asthmatic patients it frequently arose from strain upon the diaphragm, and he had found a hypodermic injection of morphia give prompt relief by resting the muscle in question. The old pleuritic adhesions are a frequent cause of this symptom. When on the left side it is often due to disease of the spleen, and morbid conditions of the blood may be detected by the microscope in many cases. In hysterical females it is very common, and a placebo of chalk will in these cases at times remove the pain as speedily as a morphia powder. In conclusion he mentioned the case of Paul Broca, who, although dying from a thoracic aneurism, complained only of a “pain in the side.”

“SARCOMATOUS TUMOR IN HEAD OF TIBIA—AMPUTATION—RECOVERY.”—Dr. T. R. Dupuis showed a tumor involving the head of the tibia in a man æt. 65 years. The tumor was apparently of endosteal origin and had destroyed the head of the bone and projected between the fibula and tibia. The articular surface was not involved. The leg and foot were swollen and œdematous with prominent veins.

Some enlarged glands were felt in the groin. It was of two months duration and caused great pain. After amputation the patient made a good recovery, and although over three months had elapsed, the disease shewed no signs of returning.

A microscopical specimen of the tumor prepared by Dr. Henderson was also exhibited, shewing it to be a spindle-celled sarcoma through which were scattered numerous round cells. There were no “giant cells.”

Dr. Dupuis also exhibited the shaft of a tumor which had been the site of a syphilitic node as large as the fist. The man had died in the Kingston Hospital during the summer of 1877 with nodes on the shafts of nearly all the long bones, both ilia, scapulæ, and bones of the cranium. It resembled a case of multiple exostosis, but the nodes seemed to avoid rather than prefer the neighbourhood of the joints.

“CHRONIC MANIA, BILIARY CALCULI AND CYSTIC DEGENERATION OF KIDNEYS.”—Dr. Metcalfe gave the details of an inmate of Rockwood Asylum, supposed to have died from diabetes insipidus. The patient was admitted in 1860, suffering from chronic mania. History of being a hard drinker and said to have had epilepsy, but no symptoms of this disorder appeared while in the asylum. In January, 1880, he complained of cramps in his stomach with retching and vomiting. Subsequently symptoms of diabetes insipidus shewed themselves, the patient passing a great deal of urine and drinking very large quantities of water. His appetite was increased and he had slight jaundice on two occasions. For two weeks previous to his death his stomach would not retain any food. The post-mortem appearances were briefly as follows: The left kidney was somewhat enlarged and converted into a sac from apparent degeneration. The right kidney was undergoing similar changes, but less advanced. The cysts and pelvis contained only serum. The intestines were dark colored and liver healthy. The gall-bladder was filled with gall-stones, 75 in number, each about the size of a pea, and angular with facets from pressure.

Dr. M. Sullivan said the case appeared to be one of diabetes, and asked if the urine had been tested for sugar or albumen, and if the patient was dropsical. At the next meeting of the society he would relate instances of similar kidney changes, occurring in advanced interstitial nephritis. Dr.

McCammon thought it remarkable that so much urine should be secreted while the kidneys were in such an advanced stage of degeneration with so much loss of substance.

The President remembered the patient very well. He had been in the habit of eating carrots and other raw vegetables, when placed within his reach, and to this cause the symptoms of biliary colic had probably been attributed. He did not know of similar changes being found in the kidneys of patients suffering from polyuria and polydipsia. In reply Dr. Metcalfe said, that the presence of gall stones had not been suspected, but they were accounted for by the cramps and vomiting supposed to have been due to indigestible food. The patient never had dropsy, and there was no albumen in the urine. The large amount of urine might be accounted for by the right kidney having the greater part of the secreting structure intact. He had never previously met with a case of diabetes with cystic degeneration of the kidneys, but "Roberts" mentioned finding kidneys in a similar condition.

Dr. Sullivan moved, seconded by Dr. McCammon that Dr. Dupuis and the Secretary be requested to draw up a suitable letter of condolence to the widow of the late Dr. J. K. Oliver.—Carried.

The meeting then adjourned until the first Friday in February.

WM. H. HENDERSON,
Secretary.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of the Board was held in Lansing, on the 11th of January, 1881. The following members were present: R. C. Kedzie, M.D., President; Hon. Le Roy Parker; Rev. D. C. Jacokes, D.D.; John H. Kellogg, M.D., and Henry B. Baker, M.D., Secretary.

Rev. Dr. Jacokes, Committee on Ventilation, reported some experiments which showed that through registers of equal size, one at the top and the other at the bottom of the room, the velocity of the upper current of air outward was greater than at the lower register. When the ventilation was from the bottom only, the temperature of the room was higher than when the ventilation was from both top and bottom registers. These experiments, he claimed, demonstrated that ventilation should be from the bottom in this climate in winter. Dr. Kedzie reported the following experiment, which seems to show the same fact: He took a glass tube, 30 inches long, having a thermometer in the lower end. When the tube was

closed, and the upper end heated to 75°F., the thermometer rose but one degree in an hour; the lower end of the tube being opened and air being drawn from it through the tube, the same heat being applied at the upper end, raised the thermometer below over 100° in one minute.

Dr. Kedzie* stated that in conversation with the newly-elected governor, he had seemed to appreciate the work done by this Board, and, in his message to the Legislature, had recommended an additional appropriation of \$2,000 for the uses of the Board.

Mr. Parker, Committee on Legislation in the interests of Public Health, reported progress in the careful study of the laws relating to punishment for carelessness causing accidents, such as the falling of the "grand stand" at Adrian, and said in his opinion the laws are stringent enough, but the sentiment of the people does not hold a man guilty of murder through an act of negligence. There was no law, however, requiring expert inspection of public buildings constructed or in course of construction. Mr. Parker also reported on a proposed system of inspection of steamboats and other sailing vessels on our many inland lakes and streams at summer resorts, etc. He had prepared a bill providing for such State inspection, and he was requested to take measures to have the bill presented to the Legislature.

The Secretary's quarterly report of work, mentioned the preparation of diagrams and other labor in preparing and printing the report of the Board for 1880, and similar work, on two volumes of vital statistics; the distribution of documents published by the Board, and of blanks for return reports; and preparations for the sanitary conventions to be held, under the auspices of the Board; 553 communications have been written during the quarter.

The Secretary reported that he had collected samples of sugars and syrups from the leading dealers in the city, and had received from Prof. S. P. Sharples, of Boston, the result of his analyses, which showed that the sugars were mostly not adulterated, and but two out of ten of the syrups. It is due to the dealers to state, that those found to be adulterated were so sold by them, namely, as "corn sugar" syrups, "glucose" syrups, etc.

Dr. Kedzie mentioned a horrible superstition prevalent in Russia, regarding diphtheria, under

which a wafer is put into the mouth of a child suffering with the disease, and then into the mouth of a well child, with the idea that it is a protection against the disease. As it is a communicable disease, it would be difficult to devise a more certain mode of spreading it.

A sample of apple jelly was sent to the Secretary, with the statement that eating of the jelly had caused the sickness of a large family. Dr. Kedzie had analyzed it and found three grains of sulphate of zinc to each ounce of the jelly. It was probably in the form of malate of zinc, formed by the action of the acid of the fruit on the galvanized iron vessel in which it was boiled. If this was the fact, it illustrated the danger of using such vessels for such purposes.

Dr. Kedzie reported an examination of peaches affected with the yellows. They were of fine appearance, rather red, especially about the pit. The meat was watery and decomposed rapidly. Chemical analysis showed excess of water and deficiency of sugar and jelly-forming material. He read letters from some who thought eating the peaches was not injurious to the health, and from others who stated the facts of sickness in repeated instances, after the eating of such peaches.

Dr. Baker made a report as special committee to study the relations between the prevalence of "hog cholera" and the public health. His report included a statement of his trip to the south-western part of the State where the disease prevailed, and numerous letters from farmers, physicians, and veterinarians; among the latter, Prof. Law, Prof. Klebs, and Drs. Detniers and Salmon. A letter from Dr. Jerome, of Saginaw, stated that he saw hogs suffering with the disease, which were unable to go up the inclined plane at the slaughter-houses in Chicago. They were killed and made into lard, and stamped with a fancy brand. In this same connection, Dr. Baker spoke of lard which had caused severe sickness in a family in Lansing. A sample had been microscopically examined by Dr. Detniers, of Chicago, who sent drawings of the organisms he found in it, stating that they were the same as he had found to be the contagious principle in "hog cholera," sometimes called "swine plague." He also read a letter from Dr. Marshall, of Lansing, which stated that he had examined a sample of the lard in which the "fried-cakes" (eating of which caused the sickness) were

cooked, and had found the same organisms present. Dr. Baker also read a part of a letter from Prof. Klebs, of Prague, Austria, relating to the same subject. Prof. Klebs has made a special study of such subjects, and claims to have found the organism which is the specific cause of typhoid fever. He does not think hog cholera to be the same as typhoid fever, but would like material with which he could carry on a comparative study.

A vote of thanks was extended to those citizens who had labored so hard to make the Sanitary Convention at Flint a success. The Convention will be held in January 25th and 26th, 1881.

Dr. Baker stated that contagious diseases prevail most where it was noticeable that the local authorities paid little or no attention to the laws requiring the appointment of a health officer, and communication with this Board.

The Board adjourned to meet at Flint, January 25th, 1881.

Selected Articles.

THE TREATMENT OF ENTERIC FEVER.

BY JOHN S. BRISTOWE, M.D., F.R.C.P., LONDON.

MEDICINE.—Enteric fever is one of the many diseases for which as yet no specific is known, and for which I am inclined to think no specific will ever be discovered. It was maintained even a few years ago, that an emetic given early in its course would frequently arrest its progress, and my late colleague, Dr. Brinton, was a believer in this reputed effect of emetics. It has also been held that the diarrhea is salutary and eliminative, and that by promoting or encouraging it, the disease may be shortened or rendered less severe. These views were based on an imperfect appreciation of the nature of the disease; on the belief either that the intestinal affection is primary, and to be got rid of, like lice externally, or intestinal worms within, by local remedies; or that the intestinal mucous membrane is an organ by means of which the specific poison of the disease is endeavouring to escape. But even though the contagion of enteric fever be received into the stomach, it has long passed thence into the system before the symptoms of the disease arise; and obviously, at this time, whatever opportunity for the successful use of emetics might theoretically have been present at the beginning has long passed away. And to look on the diarrhea which is due to the enteric lesions as eliminative, is to look upon these lesions as centres of elimination, and is equivalent

to regarding the eruptions of the eruptive fever, which are mere foci for the growth of poison, as organs developed for the discharge of poison pre-existing in the blood—a view which is manifestly absurd when applied to the pustules of smallpox, or the tubercles of syphilis. But, if we cannot cure enteric fever or eliminate its specific poison from the system, we can at any rate treat, and in most cases relieve, some of its most distressing symptoms or complications.

Diarrhea is one of the most characteristic, and often one of the most troublesome and dangerous symptoms of the disease. It is often absent, however, for days together; and occasionally is replaced by constipation during the whole course of the disease. Many physicians, and some even of our most distinguished contemporaries, would encourage by laxatives the diarrhea, if not carried to excess; and would endeavour to excite it in cases attended with constipation. The practice is based on the opinion already referred to, that the poison tends to escape by the bowels, and on that that the retention of poisonous and putrefactive matters in the bowels is a source of danger. From the former of these views I have already expressed my reasons for dissenting. As to the latter, I can only say that the motions are not, I believe, specially offensive, or, except in a specific sense, poisonous; and that the bowels, after all, naturally contain ordure. But on the other hand, persistent diarrhea tends materially to weaken the patient; the commotion which attends it is a source of direct danger to the diseased bowels; and, further, diarrhea, once brought on artificially, is very often difficult to be restrained. I have no doubt myself that, although two, or even three evacuations in the day may not call for measures of restraint, diarrhea, if it should exceed this amount as a rule, ought to be checked. Of all medicines opium, in its various preparations, is the most valuable for this purpose. It may be given by the mouth in frequent small doses, or by the rectum in the form of small enema or suppository. The dose and frequency of administration must of course depend on the amount of diarrhea present, and on the age and condition of the patient. Other remedies, which may be employed either alone or in aid, are the vegetable astringents, especially kino, catechu, and tannic acid, sulphuric acid and lead. It is important to bear in mind that the danger of diarrhea depends not only on the actual profuse discharge of fecal matter, but on the peristaltic movements which accompany it, and which tend to cause rupture of thin-based ulcers. Now, this peristaltic movement may be present in the ileum, even when constipation prevails; for the large intestine, from being healthy or torpid, may fail to propel onward the matters which are being constantly poured into it from the small intestine; that is, diarrhea, so to speak, may be taking place from the small intes-

tine into the large at a time when actual constipation exists. It is clear, therefore, that opium may be demanded to restrain the painful or violent movement of the bowels, even when the bowels are constipated.

Constipation, nevertheless, has at times to be dealt with. Is it right that constipation, when present, should be allowed to continue until nature brings relief, or should it be obviated by medicinal treatment? I do not think that constipation of a few days' duration is at all likely to be injurious; and, indeed, I have seen it continue for a considerable length of time without causing any ill effects. It is not, however, desirable in itself that the bowels should be locked up; and, moreover, constipation long continued is apt to induce diarrhea. Whether we should do anything, however, and what we should do, depends largely upon the condition of the patient and on the stage of his disease. There can be no doubt that during the first week or ten days—that is, before ulceration has commenced—laxatives, such as castor oil and rhubarb, may be given with impunity, and often with benefit. But after ulceration has begun, and thence onwards until convalescence is far advanced, even the mildest opening medicines must be looked on with suspicion; and, although I would not venture to maintain that under no circumstances should castor oil or rhubarb be given during this period, I am sure that on the whole it is better and far safer to relieve the overloaded bowels by mild enemata. In support of this statement I may remind you that constipation is almost due, not to sluggishness of the small intestine but to sluggishness of the large intestine, in which the feces accumulate and harden.

Hemorrhage from the bowels may occur early in the disease, and is then in small quantity and of no importance. When, however, it takes place from the ulcerated surfaces, and after the second week, it is a matter of serious alarm. It is true that the patient usually recovers, even though it be copious, and that very often it does not recur. But in some cases the blood escapes with sudden impetuosity, and the patient dies rapidly in a state of collapse; and in some the hemorrhage is so frequently repeated that the patient, who may seem doing well for a short time, finally sinks. I am inclined to think, with Sir W. Gull, that this bleeding is practically beyond our control; and that the patients in whom our remedies seem to be efficacious are those in whom the hemorrhage would not have recurred, even if no treatment had been adopted. It is not by applying weak astringent solutions to external bleeding wounds that hemorrhage therefrom is restrained; and few, I should think, would have any faith in the possibility of arresting such hemorrhage by the internal administration of astringents. Nevertheless, feeling it to be my duty to do everything in a dan-

gerous crisis which might tend, however little to benefit my patient, I should certainly under such circumstances give him ice-cold fluid to drink, apply cold compresses to the abdomen, and administer either lead, or tanic acid, or digitalis, or ergot, or turpentine, or perchloride of iron.

Perforation of the bowel and consequent peritonitis are almost invariably fatal; the only treatment, in addition to local applications to the abdomen, consists in bringing the patient speedily, and in keeping him, under the influence of opium.

High temperature (a subject to which I shall presently recur) is, no doubt, in itself an element of danger; and for this reason its reduction seems desirable. Various medicines have been employed with this object; the most important and efficacious of which are quinine and salicylic acid. In order that quinine shall reduce temperature it requires to be given in large doses—thirty or forty grains at once, or in instalments at short intervals. Thus administered, it reduces the temperature by three or four degrees in the course of a few hours, and the temperature may remain low for a dozen hours or more. Salicylate of soda may be given in doses of twenty or thirty grains every four hours, and also causes marked reduction of temperature. But in both cases the reduction is of temporary duration only, and the drug requires to be continued. I have not employed either of these remedies largely in the treatment of enteric fever; and I must confess that my own experience of their use has not impressed me favourably. Of the treatment of other complications I do not propose to speak; and it only remains for me to add, under the head of treatment, that, during convalescence, tonics, and especially the vegetable bitters, are of great value.

ALCOHOL.—It is impossible to discuss the subject of the treatment of fevers without referring to the question of the use of alcohol in relation to them. In the early part of this century, when blood-letting was the fashion of the day, stimulants were seldom employed in the treatment of febrile disorders. Of late years, however, alcohol has not only been regarded by most physicians as an essential element in the treatment of fevers, but by many has been esteemed our sheet-anchor, and has been used sometimes in appalling quantities. The reason, however, for giving it thus was not simply to obtain its stimulating effect, but the belief that it was an article of food, and that it was assimilated by the patient at a time when other kinds of food could not be taken or were inadmissible. I see no reason to doubt that alcohol is a food; at any rate it contains the same elements as starch and sugar, which are undoubted foods; and the experiments of Thudichum and Dupré show that when once taken into the system it is used up in the system, and escapes in very minute proportion through the emunctories. But we have,

doubtless, many foods that are more valuable as foods than alcohol; and in milk, at any rate, we have one which is generally more suited for invalids. It is rarely necessary, therefore, to have recourse to alcohol as food; and its use in fevers mainly depends on its primary or stimulating—its medicinal—influence. I have never used alcohol indiscriminately in any kind of fever cases; and, indeed, ever since I have had the care of patients in St. Thomas's Hospital I have been very sparing in my use of it. In the year 1863, when typhus was prevalent in London, I carried out an experiment which I have never published, and which Dr. Murchison carried out independently on a larger scale a few years later at the Fever Hospital, with similar results to those which I also had obtained. I treated, without selecting them, half of my typhus patients with alcohol from the beginning to the end, half of my typhus patients without alcohol also from the beginning to the end, and found no appreciable difference in the results. From that time I have never regarded alcohol as an essential item in the treatment of either typhus or enteric fever; and I have seldom given it, unless special circumstances in the case indicated to my mind the need of stimulation. Many typhoid cases, and even severe cases have recovered under my care without having tasted a drop of alcohol. Many no doubt have had it; but the circumstances under which I have given it have been: The presence of extreme debility, indicated by a feeble heart and rapid pulse; the supervention of typhoid symptoms; the occurrence of pulmonary complications, and the debility of prolonged convalescence. My friend, Dr. Ord, in an interesting paper on Enteric Fever, in the eighth volume of the St. Thomas's Hospital Reports, based upon sixty cases (of which twenty-four were my own) received into the hospital from the end of July, 1877, to the end of March, 1878, observes that "twenty-four patients received no stimulants at all; six only a small quantity during convalescence; eight not any till after the tenth day of admission; twenty-two received them within the first ten days of stay in the hospital, or while the fever was in activity; but very few indeed received them till after the end of the first week of illness." "The quantity of stimulants varied from a glass of wine or a glass of beer up to sixteen ounces of wine daily in one case, and eight ounces of brandy in another." Of these cases eight were fatal, the mortality being at the rate of 13.33 per cent. The remarks above made, while they tend on the one hand to show that alcohol is less valuable than many persons suppose in the treatment of fever, tend on the other hand to demonstrate that alcohol is not injurious in fevers. Indeed, I never recollect to have seen a case in which, even under physicians who have used it largely, alcohol has clearly acted injuriously. My main reason for withhold-

ing it has not been the fear of doing mischief, but simply because I have not thought it necessary; and, not finding it necessary, I have allowed economical considerations to weigh with me. I am satisfied that there are many occasions in enteric fever when alcoholic stimulants are of the greatest value; and that whoever then neglects to have recourse to them imperils his patient's life.

BATHS.—It is admitted that, in all fevers attended with high temperature, the high temperature, though merely a consequence of the active disintegration that is going on in the system, is itself injurious by promoting disintegration and in other ways. There are theoretical grounds, therefore, in favour of reducing temperature in enteric fever. With this object the patient may be kept in a cool and well-ventilated room, may be covered only lightly with bedclothes, and may have his food given to him cool or cold; and there is no doubt that these measures, which are generally adopted, are judicious; but they are quite insufficient of themselves to cause any obvious refrigeration of the body. I have already referred to the employment of quinine and salicylate of soda, and to the powerful influence they usually possess, when duly administered, in reducing temperature. The most powerful agent, however, in this respect is the cold bath. I need not here go into the history of its introduction. It is sufficient to state that for many years past it has been very largely employed abroad, especially in Germany, in the treatment of enteric fever; and that lately it has been extensively adopted among us by some of those physicians who are connected with fever-hospitals. I have already referred to the admirable Croonian Lectures on Typhoid Fever by Dr. Cayley. In the last of them he discusses with equal learning, knowledge and skill, the use of the cold bath in this disease. He quotes statistics from foreign writers, which go to show that the mortality from enteric fever has been reduced by one half among those who have been treated systematically by cold bathing; and he shows that, in his own hands, this mode of treatment has appeared to be almost equally successful. He argues forcibly that, by keeping the temperature systematically depressed from an early period of the disease, the intestinal lesions and other morbid processes which are going on in the body concurrently with them, and which collectively bring on asthenia, impede recovery, and hasten death, are kept under; and that dangerous complications are hence less likely to ensue. He admits, however, that relapses appear to follow this kind of treatment in much larger proportion than they follow other plans of treatment; and he concludes another powerful argument by urging that the treatment by cold bathing should at any rate receive a fair trial. I am sure that my opinion or advice of Dr. Cayley's will be received with respect by all who know him, and by all who read what

he writes; and I should be sorry if a course of treatment which has his sanction be not fully tried in this country by those who have the opportunity of trying it. I confess for myself, however, that I am very much in the same frame of mind as he acknowledges himself to have been in a little while ago, and not yet fully satisfied of the great advantages of cold bathing. I am not absolutely convinced by his arguments that the lesions attending enteric fever are kept in abeyance by reducing temperature. I know that, under the influence of the bath delirium disappears, and the patient's condition seems to improve for a time; but I recollect how exactly the same kind of thing used to occur in cholera patients in whom injection of fluid was made into the veins; and how that practice, once much vaunted, has practically been abandoned. And I must acknowledge that, without being able to explain them away, the statistics, honest though they doubtless are, do not satisfy me. The result, in fact, seems too good to be true. If the mortality of a disease be diminished one-half by a particular kind of treatment, the benefit resulting from that treatment ought to be apparent to the most casual observer; it ought, like the effect of salicylate of soda on rheumatism, or of quinine on ague, to be utterly beyond dispute. And yet Dr. Cayley speaks with great caution of his own results. The results which I have witnessed in my own practice have not—at any rate, in my opinion—been favourable. I admit that I have not resorted to the systematic use of the cold bath at all extensively, and that during the last year or two I have scarcely employed it at all; but, two or three years ago, those of my hospital patients whose temperature ran high were submitted to this plan of treatment. Some of the patients did well, and I was inclined to attribute the improvement which followed the baths to the baths; but two cases occurred in rapid succession in which I thought, perhaps erroneously, that the baths were instrumental in causing death.

The first case was that of a young man who had the disease severely, and a very high temperature; the baths were systematically employed, with the usual immediate effects; but suddenly, after they had been continued for some days, he passed into a state of collapse, with rapid breathing and great duskiness of face, and I assumed, notwithstanding that there was no abdominal pain, that perforation of the bowel had taken place. He lived for two or three days more, and at the post mortem examination I found that, though there was extensive bowel-disease, there was neither perforation nor peritonitis, but the lungs were in a condition in which I never recollected to have seen them before in enteric fever. They were small, collapsed, almost devoid of air, and of a deep slate colour. There was no pneumonia nor œdema. I attributed his collapse and his death to the condition of his

lungs, and I could not avoid attributing the condition of his lungs to the use of the baths. The other case was also that of a young man; and although he was very ill and had a high temperature, I demurred, after my recent experience, to treat him with baths. Nevertheless, I left it to the resident assistant physician to employ them if, in my absence, circumstances arose to make him think it desirable. The boy died, and at the post mortem examination his lungs were found in precisely the same condition as those in the previous case. Believing that the patient had not had baths, I observed, half-jokingly to the resident physician, who was present, that if only baths had been employed I should certainly have attributed his death to them. His answer was that they had been employed.

There are two ways of cooling patients by baths: The one is by means of what is sometimes termed the graduated bath, the other the cold bath. In the former case, the patient is immersed in water, the temperature of which varies from 90° to 100°, and is reduced gradually while he is in the bath, to 65° or 70°; in the latter case he is at once plunged into a bath, the temperature of which from the beginning is made to stand at 65° or 70°. In either case the patient should remain immersed for a time varying between ten minutes and half an hour, or until he feels cold and shivers and his temperature has been reduced by two or three degrees. It is important to recollect that the temperature continues to fall for some little time after removal from the bath. The bathing should be repeated whenever the temperature has again risen, and in many cases needs to be repeated as often as every three hours. The graduated bath is that which alone we have employed at St. Thomas's; but it is much more troublesome of application than the other, and it takes a longer time to reduce the bodily temperature. It is a less severe remedy, however, and may be preferably employed, as Dr. Cayley suggests, for old people and patients who are extremely prostrate, and for those who have organic disease of the heart or lungs. The cold bath is preferred as a general rule, by foreign physicians, and by Dr. Cayley. Those who employ the baths habitually, commence its use in any case of enteric fever as soon as the temperature in the mouth or rectum has attained an elevation of 102.2°, and then carry on the treatment systematically as long as febrile temperature is maintained.

In conclusion, gentlemen, let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bedclothes; to have a skilful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay vomit-

ing. If diarrhea became troublesome, or ever there was much pain or tenderness in the cæcal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or by the rectum. If constipation were present I should, excepting the first week, like to have enemata only employed for its relief. In the event of intestinal hemorrhage coming on I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical as to their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place let me take large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence I should like to have them in moderation. As to the cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I would prefer to be treated at a temperance hospital.—*Brit. Med. Journal.*

CÆSAREAN SECTION WITH REMOVAL OF UTERUS AND OVARIES, SUCCESSFULLY PERFORMED AFTER THE PORRO-MULLER METHOD.

Dr. Elliott Richardson, of Philadelphia, reports (*Amer. Jour. Med. Sci.*, January 1881, p. 36) *Med. Times*, the following case, which is of great interest as being the first operation of the kind performed by an English speaking surgeon. The patient was a dwarf, twenty-five years of age, forty-six inches in height, and weighing eighty-five pounds. It was thought best to select a time for the operation about two weeks anterior to the supposed period for labour to begin, in order to permit ample preparation and to avoid the exhaustion incident to labour. It was thought, too, that the presence of a well-defined cervix would make easier the application of the retaining ligature at the time of operation. Dr. Richardson avoided giving the preliminary purgative customary in such cases, believing that the disturbed condition of the bowels, or, if opium were subsequently given, the meteorism which would result, would be unfavourable.

The operation which was performed on the 22nd of September, 1880, was begun by an incision in the median line of the abdomen, extending from a point about one and a half inches above the symphysis pubis to a point about four inches above the umbilicus. The incision was about ten inches in length, and was made so exactly in the

median line of the abdomen that not more than a teaspoonful of blood was lost from this part of the operation. No hæmostatic was used, and no ligature had to be applied. The abdominal cavity being opened, the uterus could be seen and was drawn out, the abdominal walls being closed immediately and a piece of carbolized flannel wrapped around the base of the uterus. The loop of an ecraseur being thrown over the uterus, was tightened at a point a little below the os internum. The uterus was then rapidly opened, the placenta being found directly on the anterior wall, the incision going through it. It was detached, and it and the entire ovum were turned around within the uterine cavity, the membranes ruptured, and the child extracted, followed by the entire removal of the after-birth. Two stout steel pins, about five inches in length and the size of a No. 8 French bougie, were then introduced through the cervix, one passing below, the other above the wire of the ecraseur, and diagonally to the line of the abdominal wound. A piece of stout silk cord, previously soaked in carbolized oil, was tied tightly around the cervix between the two pins, exactly in the line of the temporary wire loop, which latter was removed as soon as the permanent ligature was applied, but before it was finally fastened. The silk ligature was wrapped twice around the cervix, and then tied.

The uterus and ovaries were now cut off with scissors at a point about three-quarters of an inch above the ligature, and the stump placed at the lower angle of the abdominal wound. Careful sponging of the cul-de-sac of Douglas with carbolized sponges removed a very small quantity of bloody serum. The abdominal wound was then closed by twelve interrupted silver sutures, four superficial and the remainder deep, enclosing about half an inch of the peritoneum on each side. During the introduction of the deep stitches a flat sponge was placed in the abdominal cavity beneath the flaps to catch and absorb any drops of blood which might escape from the wounds made by the needle.

The wound being closed and the stitches supported by long strips of adhesive plaster, pure liquid carbolic acid was applied carefully to every part of the stump outside of the ligature, plates of lead placed under the pins to prevent undue pressure, and Lister's carbolized gauze applied to the whole extent of the wound and to the exposed stump. This was completely covered with carbolized Mackintosh, and the whole kept in place by a flannel binder. No drainage-tube was introduced. The patient was immediately placed in bed, and a hypodermic injection of a quarter of a grain of sulphate of morphia administered. The operation alone occupied forty-five minutes; including anæsthetization and dressing, the entire duration was an hour and a quarter. Lister's antiseptic method was fully carried out.

The history of the case after operation was most satisfactory. For the first ten days the patient's temperature only once rose to 100.4°. On the eleventh day a mild attack of phlegmasia dolens supervened, and the temperature for the three nights succeeding reached 100.6°; convalescence then went on without further interruption. The abdominal wound united by the first intention. The pedicle came away on the eleventh day. The function of the bladder was not at all interfered with. The infant, a vigorous male of five and a half pounds weight, is at present living, and well, as also is the mother, three months after operation. Dr. Richardson says, with regard to the effects of the operation, "I have rarely seen less discomfort in a lying-in woman after normal labour."

The advantage of the Muller modification of Porro's method is that it is clean, safe, and easy to perform; not a drop of blood need enter the abdominal cavity. Dr. Richardson attributes his success to the fact that a time was fixed before the period of labour when his eight assistants could be summoned without haste and with due preparation, including the avoidance of contact with contagious disease for two days previous, also to the careful attention to minute details, antiseptic precautions, etc.

RESPIRATION WITH PAUSES.

Dr. Wm. O'Neill writes to the *Lancet*, October 30th, giving some cases simulating the Cheyne-Stokes respiration. He adds:—

What I wish more especially to say is, that the respiratory pause may be well marked, although the ascending and descending breathing acts may be more or less deficient, or even absent. Whether or not all those kinds of abnormal respiration which have a pause for their central phenomenon or symptom should be included under the category of Cheyne-Stokes respiration I am not prepared to say.

A lady who has suffered for several years from chronic bronchitis, emphysema of the lungs, great irregularity of the pulse, and hypertrophy, with dilatation of the right side of the heart, was attacked with an acute exacerbation of the chronic pulmonary affection in December of the past year. Œdema of the ankles, which was generally present, rapidly increased, and in a few days the dropsy extended to the waist. After this the patient was unable to lie down, and, although very drowsy, she was afraid to go to sleep, for the moment she closed her eyes in sleep the breathing stopped, and was only renewed on her waking, which was generally after an interval of from twenty to thirty seconds. The apnoeal state, followed by a succession of inspirations, gradually increasing in force, and ending in the ordinary dyspnoea of the patient,

were the phenomena present in this case. The ascending series of inspirations were present, but the descending were absent. It would appear that the moment the watchful and controlling care of the will was withdrawn from the respiration by sleep the breathing stopped, from some cause or other acting on the medulla oblongata, and which had been kept in abeyance during the patient's waking moments; and respiration was, I think, only renewed by the intensity of the stimulus of the *besoin de respirer*, which roused her to the urgent necessity of breathing. The immediate cause of the pauses was temporary, for as soon as the chest symptoms began to improve and the dropsy to subside, so did the pauses begin to pass away.

A case almost similar to the preceding came under my care in 1878. The pauses were perhaps longer and the series of inspirations more distressing. So frightened was this man at the stopping of his breathing, that for a few days before his death he kept his wife by his bedside in order to prevent him falling asleep.

ON COLOTOMY.

Mr. Heath (*Brit. Med. Journal*, Jan. 1, '81,) says that no operation has probably undergone greater change of estimation of late years than colotomy. Confined originally to cases of obstructive disease of the sigmoid flexure or rectum, recourse was had to it only as a last resource, and when the patient was *in extremis*. I have, on several occasions, been called upon to operate under these circumstances, and the result has too often been disappointing. Not only is the risk of death from exhaustion very great, but there is also the great liability for the bowel to give way before, or soon after, the operation, either just above the stricture or at the cæcum, which latter seems to be especially liable to perforation by ulcer when much overdistended. At the same time, I have seen so many recoveries, with considerable prolongation of life, after colotomy, in apparently desperate circumstances, that I should not feel justified in refusing to operate, unless the symptoms pointed distinctly to perforation, and consequent peritonitis. Death from overdistension of the bowels is one of the most painful and distressing terminations of life we can have to witness; and, to obviate this alone, colotomy will be justifiable, even under circumstances of the greatest gravity.

But it is as a means of relieving the suffering caused by cancer of the rectum, or incurable ulceration, or recto-vesical fistula, and of thus prolonging life in comparative comfort, that the operation of colotomy has been proved so advantageous. Six months, twelve months, or more, may thus be added to the life of a patient suffering from cancer; and one patient of mine survived the operation two

years and nine months in great comfort, although latterly the disease had encroached upon and perforated the vagina—a complication most offensive under ordinary conditions. To show how little a lumbar colotomy interferes with the health or comfort of a patient, I may mention that, in January 1872, I performed colotomy on a lady (a patient of Dr. Grigg), who was suffering constant torture from a recto-vesical fistula, following and connected with a pelvic abscess. She is perfectly well at the present time; has no pain or trouble; and is able to attend to her domestic and social duties without inconvenience. Another female patient, whose colon I opened, in 1873, for intractable syphilitic ulceration of the rectum, is living and well; but the rectum is completely closed by the cicatrization of the ulcers.

Recto-vesical fistula in the female must be very rare; but the distress caused by the escape of fæces into the bladder, and frequent blocking of the urethra, is very great. In the male, recto-vesical fistula is more common, both as the result of abscess and of cancerous perforation. The operation of colotomy could, of course, be of service only in the cases in which fæces passed into the bladder; for it could afford no relief to the irritation of the lower rectum, caused by the passage of urine into the bowel. In one case, however, of an old clergyman, with cancerous perforation, on whom I performed colotomy, with great relief to the escape of fæces, I found that, as the patient lay in bed, the urine flowed backwards to the opening in the colon, where it escaped, with little or no irritation compared to that excited in the sensitive sphincter ani.

It is remarkable how insidious the symptoms of cancer of the rectum are—so that patients complain of dyspepsia, diarrhoea, and vague uneasiness about the pelvis, for some time before their attention is specially directed to any alteration in the size of the motion, or any difficulty in defæcating. I know that one of our leading physicians, who very properly insists upon making a rectal examination, when the symptoms of dyspeptic diarrhoea cannot be otherwise explained, has, on several occasions, thus detected unsuspected cancer of the rectum; and it has happened to myself, in explaining the case of a patient suffering from early cancer of the rectum to her friend, to light up a suspicion of the presence of the same disease in the friend, which turned out to be only too true. Cancer may have attained very considerable proportions without producing the small fæces, which are erroneously thought to be characteristic of the disease; and the tendency to diarrhoea, which is so often present, prevents, for the most part, any just estimation of the calibre of the bowel.

Epithelioma not unfrequently invades the anal portion of the rectum, and, possibly, but one side of it; and such a case is, no doubt, well suited for

the removal of the lower end of the rectum—an operation which has of late been revived with some success. But when, as often happens, the cancer, whether scirrhus or the columnar epithelioma, involves the whole circumference of the bowel, as far as the finger can reach, with possibly a ring of cicatrization at the upper part; or, when the lower part of the rectum is quite healthy, and the finger comes upon a structure, so like the os and cervix uteri that one is almost doubtful of being in the bowel at all, then removal is quite impossible, and colotomy is the only operation available.

I do not, of course, mean that colotomy is desirable in every case of cancer: for the progress of some cases is slow; and much may be done to relieve pain and promote comfort by the use of morphia suppositories, or of starch and opium enemas, and the careful selection of bland and unirritating food and drink.

As regards the operation itself, I would say that, though it often is extremely easy and simple, yet, in some cases, it is of the greatest difficulty. In a case of obstructive disease, the colon is often distended and easy to reach; but, again, when distension is great, the colon may be contracted, and the small intestines overlap it completely, and cause great difficulty; or the peritoneum, distended with air, may closely simulate the bowel. Again: the anatomical arrangement of the meso-colon may be such as to render it impossible to reach the bowel without opening the peritoneum. Should the peritoneum be opened, I believe the best mode of proceeding is to bring up the colon to the opening, and stitch it carefully before opening the bowel—so that the two peritoneal surfaces may be well in contact and rapidly adhere, when a good result may be anticipated. It is said, by a distinguished lithotomist of the day, that every case of lithotomy has its own peculiarities; and the same may, I think, fairly be said of colotomy. Although my experience of the operation is now not inconsiderable, I must confess to a feeling of relief when I have fairly opened the colon without misadventure.

In the after-treatment of cases of colotomy, some little care is required in washing out, periodically, the diseased piece of bowel below the artificial anus; for, if this be neglected, the mucous secretion collects, and is apt to irritate. It is undoubtedly the fact, though it is difficult to explain it, that fecal matter does occasionally find its way into the rectum, in some cases; but the bulk of the feces is, of course, discharged at the loin, and with great regularity, and singularly little discomfort. A simple bandage, with a pad of tow or wool, applied over the anus, is sufficient to prevent injurious friction of the part; but if, as sometimes happens, there be a tendency to prolapse of the mucous membrane, another air-pad may be added.

BICHROMATE OF POTASH IN OBSTINATE SYPHI-

LIS.—In those obstinate cases whose progress cannot be checked by the ordinary remedies, Dr. F. Arpal recommends the bichromate of potash (*La Union Medica de Aragon*, Nov. 1880). He begins this potent poison in doses of one centigram daily, in an opiate vehicle, cautiously increasing it to four centigrams daily. He has observed relaxation of the symptoms in four or five days, and a complete restoration to health follow. These were cases of undoubted and progressive syphilis, which were not benefited by mercurials or iodide of potash.

In discussing the theory of its action, he believed that it is through its powerfully oxydizing agency that it alters the condition of the system. It is also a decided anti-zymotic, and may destroy the syphilitic fungus.—*Ibid.*

CASE OF VILLOUS GROWTH OF THE BLADDER—REMOVAL BY PERINEAL INCISION.—At a meeting of the Clinical Society of London, Mr. Davies-Colley reported a case of villous growth of the bladder, and its successful removal by perineal incision. The patient, a young man aged thirty-two years, had suffered from hæmaturia for eight years. When admitted into Guy's Hospital he was fairly nourished but very anæmic. His family history was good. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed, sometimes at the beginning, sometimes at the end of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumor could be felt per rectum. The operation for lateral lithotomy was then performed, and upon examination, a slight projection was discovered on the left side of the fundus, and a cord-like process running from it; to this was attached a soft pinkish white tuft of villi, which was removed with the forceps. No other growth could be felt. There was but little hemorrhage during the operation. The patient made a rapid recovery and in two weeks the urine ceased to flow from the perineum. Two months after the operation there had been no return of the hemorrhage; the irritability of the bladder had ceased, and he was in the enjoyment of perfect health. The tumor grew from the posterior wall of the bladder, at a point about three inches from its neck, and one inch to the left of the middle line. It consisted of a fibrous stalk one-sixth of an inch thick and two inches long, terminated by branching filaments from half an inch to three-quarters of an inch long. These filaments contained capillary loops, invested by many layers of epithelium of a cylindrical type.—*Med. Press and Circular*, December 15, 1880.

ALCOHOL IN PUERPERAL FEVER.—Dr. Whittaker (*Obstet. Gazette*,) *Detroit Lancet*, says that alcohol is the food of fever, which is in essence too

rapid oxidation. It was long ago noticed that it was almost impossible to develop the tonic effects of alcohol in individuals suffering from fever. He quotes a recent report of Reiss, showing that in man, as in the lower animals, alcohol in large doses diminishes the excretion of urea, common salt, the phosphates and sulphates, that is, it markedly checks the waste of tissue which in fever is excessive. He also quotes the experiment of Binz, who produced septic fever in two young, healthy dogs by the subcutaneous injection of ichorous pus. One was left to his fate and the other treated with alcohol, which was introduced in three doses of two drachms each of absolute alcohol, diluted with water, into an empty stomach by means of an œsophageal tube. The dog left to his fate was found dead on the second day, while the dog treated with alcohol experienced a marked reduction of temperature with each dose, and entirely recovered.

OVARIOTOMY COMPLICATED WITH ENLARGED AND ADHERENT BLADDER.—Dr. Thomas in N. Y. Obstet. Society (*N. Y. Med. Journal*,) related a case of ovariotomy in which, upon opening into the peritoneum, a large fleshy mass was found spread out over the front of the tumor and adherent to it. It proved to be the bladder (enlarged and drawn upward, very much as in the case reported by Dr. Noeggerath at a recent meeting (see the January number of the "Journal," p. 15)]. Suspecting that this might be the case, Dr. Thomas attempted to test the question by introducing a catheter, but, on account of the pressure of the tumor, the instrument could not be passed beyond the symphysis pubis. So strong, however, was his conviction that the mass was really the bladder, that, finding it impossible otherwise to separate it from the tumor, he deliberately cut into it at a point two or three inches above the symphysis. Having passed a finger through the incision, he was able to recognize the inner surface of the bladder, to inform himself of the limits of the organ, and, using the finger as a guide, to break down the adhesions without further injury to the bladder. It reached to about midway between the umbilicus and the ensiform cartilage. In the course of the operation it was brought wholly outside the abdomen. In closing the abdominal wound, some of the sutures were made to include the wall of the bladder, so that there would be no flow of urine through the vesical incision. The patient was now doing well, and a minute opening at about the middle of the abdominal wound, through which a little urine escaped on the fourteenth day, would doubtless close. At Dr. Thomas's request, Dr. Garrigues had searched the literature of ovariotomy for similar cases, and had found six, all of which had ended fatally.

TREATMENT OF OTORRHOEA. — The following

plan is employed by Dr. H. Gradle (*Chicago Medical Review*). The applications should be made by the physician himself. If there is any fetor in the discharges, the ear is cleansed and a five per cent. solution of carbolic acid, warmed, injected. The meatus is then plugged with borated cotton. Next day the fetor has generally disappeared, and the discharge is thinner and less copious. The well disinfected ear is then dried with absorbent cotton and powdered boracic acid is poured in through the speculum while the head is inclined on the other side, until the meatus is half filled. The ear is then plugged with clean cotton. The powder absorbs all discharge and keeps it from decomposing. The application may not have to be renewed for three or even eight days. A lessening and finally a stoppage of the discharge occur rapidly in most cases. In some cases where the boracic acid did not act promptly, iodoform was an efficient substitute.

SPINA BIFIDA.—There is a growing evidence in favor of the method of treating this affection, brought into notice by Dr. Morton, of Glasgow, (1877,) or, as we think is more correct, by Dr. Brainard, of Chicago, (1848). A case is recorded in the *Edinburgh Journal* of October, by Dr. J. M'Watt :—The tumor was situated over the second and third cervical vertebræ, and was fluctuating. It had a broad base, and had greatly enlarged since birth, and was now about the size of a small orange. It increased in tension on crying. The skin over it was thin-looking and livid. March 14, a small amount of clear fluid was drawn off, and two days after this, enough of the contents being removed by a canula to render the tumor flaccid, 20 minims of Dr. Morton's fluid were injected :

R Iodi.....gr. x.
Pot. iod.....ʒ ss
Glycerine..... ʒ j. M.

On the following day slight inflammation and hardening were observed. The inflammation during the next few days gradually subsided, while the hardening increased.

April 15. As the tumor was softening, and fluctuation could be detected, tapping was again resorted to, a tablespoonful (all that would come) of clear fluid being drawn off. In a few days afterwards 20 minims of the iodo-glycerine solution were injected.

May 15. A trocar and canula was introduced, but no fluid came away.

June 4. The tumor being greatly diminished in size, and quite hard, the patient was dismissed. At a subsequent period the child was doing well, and the cure seemed complete.—*Medical and Surgical Reporter*.

COMPOUND LICORICE POWDER.—As this laxative powder, under the name *Pulvis glycericæ*

compositus, has come into popular use of recent years, being imported, so to speak, from the German Pharmacopœia, it may be interesting to the practitioner to know that it is not by any means perfect in its composition. It occasionally has a tendency to gripe, and, we think, should contain a larger amount of fennel. The following is its formula:—

R.	Glycerrhizæ pulv.,			
	Sennæ pulv.,	aa	3 ij	
	Sulphuris loti,			
	Fœniculi pulv.,	aa	3 j	
	Sacchari albi,		3 vj.	M.

AMPUTATION OF THE MAMMA WITHOUT LOSS OF BLOOD.—In No. 30 of the *Centralblatt für Chirurgie*, of this year, Leisrink reported two cases of removal of the mamma, in which hemorrhage was avoided by the use of a clamp constructed for this purpose. This clamp was, however, thought to be suitable only for pendulous breasts. Dr. Szuman (*Centralb. f. Chir.*, October 2, 1880) communicates a new method for bloodless operations upon the mamma, with which he has been able to obtain excellent results. He utilized the principle which underlies the application of successive ligatures to broad pedicles in ovariectomies. The author states, however, that his method is applicable only to those cases of mammary neoplasma which are still movable at their basal surface. From the detailed account given of an operation involving a highly vascular pigmentary cancer, and which illustrated the efficaciousness of his method, we gather the following:—A long and straight needle of large calibre, armed with a heavy double silk ligature previously carbolized, is thrust through the mamma from above downward and parallel with the surface of the thorax. The ligature is then cut at some distance from the point of exit, and the first portion of the gland tied off. By repeating this manipulation a sufficient number of times (four times in the case described), the entire base of the gland is secured between the tightly drawn ligatures. The tumor in this instance, assumed a dark, purplish hue, but on being removed by the knife not the slightest hemorrhage occurred. There is no danger of wounding the pleura if the needle is carefully used, and if the narcosis of the patient is sufficiently deep to prevent the occurrence of sudden movements.

Dr Stukowenkoff, in the same number of the *Centralblatt*, states that for the past two years he has been in the habit of using a clamp exactly like the one described by Leisrink. He adds that he also applied a tight ligature behind the clamp, in order to cut off the lateral portions of the tumor from blood-supply.—*Med. Record*.

TAPPING OVARIAN CYSTS.—Dr. John Homans, in the Boston Medical and Surgical Journal, *Chi-*

cago Med. Review, reports twenty-five ovariectomies which he has performed during the past year, with the excellent result of only two deaths. We are surprised to read in his remarks, his opinion that “the emptying of a cyst by the slow process of aspiration is a most pernicious practice and quite harmful, while simple tapping with a good sized trocar is, in comparison, almost innocuous.” This statement is made in an oracular manner. It is unusual for medical writers to assert in such positive terms opinions which are entirely contrary to those of the highest authorities. We had supposed the use of the fine aspirator to be comparatively safe, and that of the good sized trocar to be quite dangerous; because, with the good sized trocar a correspondingly good sized wound is made through the cyst-wall, which permits the escape of any remaining fluid into the abdominal cavity. Such fluid is irritating, and therefore perfectly capable of producing peritonitis. It is important to remember this when tapping for an accumulation of fluid in the abdominal cavity and before using the large trocar, to be satisfied that the fluid is ascitic and not ovarian, because, if ovarian, the fine aspirator needle is the only safe instrument. It is even safer, if the fluid is ascitic, than the good sized trocar, though the latter is not specially dangerous. If Dr. Homans’ opinion were correct, would not the common and innocent practice of removing small quantities of fluid from an ovarian cyst by means of the hypodermic syringe for diagnosis, be also a “most pernicious practice and quite harmful?”

TREATMENT OF PUERPERAL FEVER.—Dr. Bell finds that no remedy is so effectual in purifying the system in cases of puerperal fever as the Edinburgh preparation of the tincture of the muriate of iron, when given regularly in full doses often repeated (e.g. thirty drops every two hours.) The great error in the employment of this medicine is the timidity shown in giving it in sufficient doses; in consequence its good effects have been questioned in other diseases of a zymotic character, such as erysipelas, diphtheria and scarlet fever. It has a remarkable effect in moderating the pulse and diminishing the secretion of pus. Dr. Bell thinks it right, however, to warn the practitioner against trusting the new preparation of iron called the tinct. ferri perchloridi, which differs from the tinct. ferri mur. in the amount of iron, and its medicinal effects.—*Edinburgh Med. Journal*.

Dr. Duplay, an *agrégé* of the Faculty of Paris, and Surgeon to the Lariboisière Hospital, has been appointed to the Professorship of Surgery, to fill the vacancy caused by the death of Dr. Paul Broca.

THE CANADA LANCET:

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TORONTO, MARCH 1, 1881.

ONTARIO MEDICAL COUNCIL.

As usual, we publish a full report of the doings of the Executive Committee of the Ontario Medical Council.

A measure of relief has at last been given to the unsuccessful candidates at the Matriculation Examination held in August last. And in view of the unprecedented rejection of 61 out of the 73 who went up, this step is eminently judicious—considering the all but impossible standard then required, and the very high marks obtained by many who were outside of the fortunate 12. Would the Committee not have been doing a wise, as well as a just act, in ordering the registration of every student whose standing was found high enough to deserve it? The Council will always sustain the Committee in any act which is at once just and generous.

The important communication from the Minister of Education, occupied much of the Committee's time. The enclosed memorandum of the High School Inspectors goes over the very ground taken by the LANCET of January last. We then pointed out that the "Intermediate" consists of the following groups and subjects:—

Group I. embraces Arithmetic, Algebra, Euclid. *Group II.* English Grammar, Dictation, Composition. *Group III.* History, English Literature, Geography. All the above groups and subjects are compulsory in regard to every candidate, and, that besides these, there are four "Optional Departments." *Group IV.*, embracing Natural Philosophy, Chemistry, Book-keeping, is set down as one of these, and Latin, French and German as

the other three. Of these, only one is to be taken, for the official regulation expressly prescribes that "no candidate will be allowed to take more than one of the four optional departments."

We also referred to the first part of the Council's printed regulation: "On and after July 1st, 1881, every one desirous of being registered as a Matriculated Medical Student in the Register of this College, except as hereinafter provided, must present to the Registrar the Official Certificate of having passed the High School Intermediate Examination, with Latin included, whereupon he shall be entitled to be so registered upon the payment of twenty dollars, and giving proof of his identity."

So far this is plain, and easily understood by all candidates, and arranged for by High School teachers—but as we before showed, it was from going on to specify the subjects, that the difficulties have arisen, for the Council regulation as it stands, includes amongst its compulsory subjects, not one, but three of the "Intermediate" options. This clashes not only with the first part of the Council's own rule, but also with the Government regulation, which limits all candidates to *one* of the optional departments.

The Inspectors deservedly praise the "Intermediate" examinations, and express the opinion, one which they are in every way well qualified to form, that with the Latin option, it would be quite sufficient to require from ordinary intending medical students.

Several suggestions are thrown out as possible, if absolutely required, (which would seem very unreasonable,) such as to require a higher per centage from medical, than from all other Intermediate candidates, and also (if thought indispensable) to include Natural Philosophy as compulsory.

There need certainly be no trouble in arriving at a solution of this matter. No higher per centage than 40 per cent per group should be asked for, or thought of, as this is beyond what any of our Universities require for matriculation in arts. Until the Council meets and finally settles the question, we would as before, respectfully suggest that the Executive Committee give due notice through the papers, before the time of holding the July examination; that in accordance with the first part of the Council's regulation, the High School Intermediate examination, with Latin, will, until further

notice, be required of students as the ordinary matriculation of the College of Physicians and Surgeons of Ontario.

The Council will meet in June, but this is too near the time of holding the examinations to make any change.

After the hearty and very decided adoption by the Council of the Intermediate, as its ordinary Matriculation examination, we confess to not a little surprise at finding a resolution actually moved by the late President, and seconded by his successor in office, in the Executive Committee, setting aside the Council's policy for another year, and going back to the old system, which the Council rejected after very full and careful deliberation. Of course it was not adopted.

In conclusion, let us ask, why should gentlemen who have passed the Intermediate with the science option, not be allowed to go up in April for Latin? And why not register until further instructions be given by the Council, all who have passed the Intermediate with Latin? The loss to the Council in both money and popularity will be very great if this course be not adopted.

MEDICAL ULTRAISMS.

The twenty-third annual report of the proceedings of the Medical Association of the State of Missouri numbering amongst its members the most distinguished cultivators of medical science resident in that State, is a handsomely bound, and well printed volume. We have neither space nor time to enter into any detail of the numerous subjects which engaged the attention of this flourishing Society, but will so far trespass on our columns as to make a few extracts from the very able address of the President, Dr. Maughs of St. Louis on the subject of "Medical Ultraisms." The selected passages will, we are sure, afford our readers a hearty laugh:

"Within the last thirty years departments of the healing art that were embraced within the narrowest limits have widened into vast fields that engage the labors of the most intelligent and industrious to comprehend them. This has been accomplished by the division of labor whereby men of talent by devoting themselves to a single branch of medicine have been enabled to develop it to an extent otherwise impossible. But, while by this division of labor an infinite amount of good has been accom-

plished, which would have been impossible had all been general practitioners, there is now danger lest, all being specialists, none shall be general practitioners. Indeed in some of our large cities specialism is now carried to such an extreme, and the human body is so nicely mapped out and divided, that there is only left to the general practitioner or family physician the *umbilicus*. In country districts where from necessity the physician has to treat all diseases, and consequently where specialism is an impossibility, the family doctor still holds his own; but in all our large cities and densely populated districts specialism revels in tropical luxuriance.

"Has a patient sore throat, not the family physician who alone is acquainted with his constitutional peculiarities, but a nose and throat specialist is consulted, who, acting well his part, attacks the throat without, it may be, any regard to the fellow who owns it. Has a feeble and delicate daughter just blushing into womanhood chorea, not again the general practitioner is consulted, but the neuro-pathologist, who, dominated by an idea, grapples with reflex spinal action and vaso-motor influences with a grip that knows no mercy to an enfeebled constitution. Has the wife a vaginal discharge, the gynæcologist is called in, who attacks the uterus with an earnestness that disregards the fact that there may possibly be a woman behind it. Has a man phthisis, not again the family physician, but the professor of physical diagnosis and diseases of the chest, is called in, and here again disregarding the man, the lungs are made accountable for the sins, it may be, of ten generations of ancestors. Has the father enlargement of the prostate, or diabetes, not the surgeon or the general practitioner, but the specialist in genito-urinary diseases, is consulted. Has the grandmother cataract, not the surgeon, but the oculist is supposed to know enough of the case. Has the child some defect in hearing, not the family physician, or a nurse, but the aurist is alone supposed to be competent to wash out the ears. Has a member of the family epilepsy, an "Insane Doctor" is sent for. I have seen the wife for some uterine complaint, the same day and perhaps at the same time another physician has seen the child for measles, another doctor the father for sore throat, another the son for gonorrhœa, and the general practitioner, or family physician, the servant girl for pain at the umbilicus—colic.

"Medicine has its fashions, and it is surprising to see how much good may be accomplished by simple means when fashionable. Some twelve or fifteen years ago, after the publication of Marion Sims' "Uterine Surgery" and the introduction of the euphonious duck-bill speculum with the left lateral semi-prone position, and the bilateral operation, it was discovered that, so potent were these, all the ills of womankind were at once met by

them. In St. Louis, washerwomen, sewing-girls, and *nymphes du pave* were chased down, rolled over in the left lateral semi-prone position, and the duck-bill being applied, were bilateralized with results truly magical; the most unpromising cases were by this simple process renovated, rejuvenated, fecundated, and delivered with wonderful certainty. One operator in St. Louis boasted of having thus blessed several hundred women within a short time. In 1868, in a paper read before this Association, I pointed out the errors of this, and showed that, instead of being the harmless operation it was said to be, several women had been allured to the bilateral Mecca, bilateralized and then their bodies kindly returned to their friends.

"But, while the uterus has run the gauntlet, and is now permitted to rest from the importunities of the bilateralist, let no one suppose the gynæcologist less active in his philanthropic endeavors; he has only changed his point of attack from the uterus to the ovaries. Heretofore the modest, retiring ovaries, hidden away in the remotest recesses of the female economy, have been venerated as the Isis behind an impenetrable veil, being supposed in some way to be concerned in lending to lovely woman the charm of her womanhood, and to possess some importance in perpetuating the species; they are now, however, found to answer a more useful purpose, as they furnish the gynæcologist with a wide field for experiment, and that gynæcologist is an exception who has not killed half a dozen women in demonstrating the ease with which these pestiferous organs can be removed. One blessing supposed to result from such removal is that the woman becomes apathetic if not absolutely wanting in amenities towards the other sex, as well as utterly indifferent to the progress of semen, but there is no authority for this. What does the gynæcologist know about women? How many has he killed?"

"In the ancient city of Cairo, in Egypt, on account of race, climate, and habitat, the nymphæ of many women are unduly developed, hypertrophied, requiring or justifying an operation for their removal, consequently the voice of the female circumcisor, as the voice of the vendor of oranges, may be heard crying through the streets: "What woman wants to be cut?" There is a prospect, if this warfare and rivalry against the ovaries continues, that soon a like cry may be heard through the streets of St. Louis and New York: "What woman wants to be spayed?" Normal ovariectomy, Battey's operation, as we call it, a placebo for many of the ills of womankind, it is true, often kills the woman, but this is of little consequence; it is the disease we are after, and this it cures radically; moreover, if it does kill the woman, this is not supposed to be the fault of the operation or of the

operator, but must be attributed to a female weakness, and, like Sangrado's practice of blood-letting and warm water, should not be given up merely because patients are so obstinate as to die rather than to confirm the wisdom of the theory. Now, without entirely ostracising this operation, for there are extreme cases where it gives the only promise of preserving life, as in the case reported by Dr. Richmond, of St. Joseph, where, from an incurable *atresia vaginæ*, there was no possibility of giving exit to the menstrual blood, and in other conditions where life is alike endangered, or in rare and unfortunate incurable cases where the mind is secondarily affected, it affords a last hope and should be resorted to. We venture the prediction that in ten years it will be as rare to find a gynæcologist, who is willing to perform normal ovariectomy merely for convenience or notoriety, as it is now to find one who is not thirsting to do so for either or both of these reasons."

Our readers must not suppose from this playful banter that Dr. Maughs is by any means preaching a crusade against specialism in the abstract; on the contrary, the general purport of his address is an admission that, within certain limits it must—in view of the great changes in dealing with disease, in our conception of what disease is, and the present vast range of medical art—exist; that where special manual skill attainable only by habit is required, as in many departments of surgery, there must be specialists in practice. Dr. Maughs' remarks, we conceive, are only directed against an exaggerated and perverted specialism which—as remarked by Dr. Donkin in his introductory address at the Westminster school—with a pseudo-scientific aspect first falsely teaches and then fleeces the people. That special complaints cannot be successfully treated by those who have merely studied that particular branch of medicine to which their cases belong,—that it is most important and necessary for the correct diagnosis and treatment of special ailments that the physician should be thoroughly educated in all the medical branches, and equally important that the general practitioner should have an intimate acquaintance with the various specialties before he attempts to engage in general practice,—are the views of the Editor of a new London journal, *The Specialist*, published monthly and devoted to original and selected articles on special departments of medicine. In the correctness of these views we apprehend Dr. Maughs concurs.

ONTARIO MEDICAL ASSOCIATION.

A meeting of a number of medical men of Hamilton and this city was held at the Rossin House Toronto, on Tuesday the 24th ult., consisting of Drs. McDonald, Mullen, Rosebrugh, McKelcan, and Woolverton, of the former place, and Drs. Workman, Covernton, Graham, White and A. H. Wright, of the latter. The object of the meeting was to discuss a constitution and by-laws, for the Provincial Medical Association, and to settle upon the time and place to hold the inaugural meeting. Dr. Covernton was requested to act as chairman and Dr. White as secretary.

On looking over the proposed constitution and by-laws, we do not see that it could be made more satisfactory, indeed it must be said that it has been so constructed as to give the profession in every part of the Province no excuse whatever for not joining heartily in making the Association one in reality, alive and vigorous.

It is proposed to divide the Province into four sections, each of which shall be represented by a Vice-President and Secretary, there being as well a President and General Secretary. In each of these sections the Annual Meeting is to be held consecutively, on the first Wednesday in June. It carefully avoids any collision with the Medical Council, the legislative functions being restricted to the minimum, and confines itself to its true work, viz.: the cultivation of the science of medicine in all its branches. We copy the following from the draft in the hands of the Secretary, as the objects of the Association, which will give the readers of the *Lancet* a definite idea of its scope, and we anticipate that it will receive the hearty assent of every one,

ART. II.—The objects of this Association shall be—

1. The cultivation of the science of medicine and surgery.
2. The advancement of the character and honor of the medical profession.
3. The elevation of the standard of medical education.
4. The promotion of public health.
5. The furtherance of unity and harmony among the members of the profession.
6. And the forming of a connecting link be-

tween the various County and City Societies in this Province and the Canada Medical Association.

In the arrangements for the time of holding the Annual Meeting it will be seen that the interests of the profession throughout the country have been exclusively considered. It is to be held during the month in which they have the most leisure, and when a release from business for a day or two is devoutly wished for. This year June comes in on Wednesday, and let us hope that a hearty response from the whole profession in the Province will be given that day.

Toronto has been settled on for the inaugural meeting and Wednesday, June the first, as the time. We understand efforts will be made to secure return tickets at reduced rates for this meeting on all the railroads and steamers.

HEALTH LEGISLATION.

This important subject is one that requires to be kept constantly before the public mind, if any hope is to be entertained of bringing it to a successful issue. We observe with pleasure that Hon. Dr. Brouse has brought the matter most prominently to the notice of the Senate of the Dominion Parliament. He moved—"That an humble Address be presented to His Excellency the Governor-General, praying that His Excellency will cause to be laid before this House, copies of all resolutions from Medical Conventions asking for Health Legislation," and supported the motion in an able speech, in which he set forth in a lucid manner the advantages to the country from the adoption of measures relating to public health. He quoted statistics from different sources bearing upon the question, and made an earnest and eloquent appeal to the Government to take action in the matter. The motion was seconded by Hon. Dr. Paquet, and ably supported by Hon. Dr. Almon of Halifax, and a most favourable impression was made upon the House in reference to the vital importance of the subject. We regret that we have not time nor space to give a digest of Hon. Dr. Brouse's speech on this occasion. A very full report of it, however, will be found in the *Ottawa Daily Citizen* for January 27th. Hon. Sir Alexander Campbell while admitting the value of the suggestions on this important subject, and

also the desirability of dealing with it, was of the opinion that the constitution had placed the control and duty of dealing with public health in the hands of the local legislatures, and not in the hands of Parliament, but promised to make representations to the Government of the views expressed by hon. gentlemen in the House. He congratulated Hon. Dr. Brouse, and stated that the House was much indebted to him for the interesting information he had given on this important subject, and cheerfully assented to the proposed address.

“RIVISTA SPERIMENTALE DI FREN-
ATRIA E DI MEDICINA LEGALE.”

We certainly owe an apology to the distinguished editors of the above periodical for our delay in acknowledging their polite liberality in favouring the CANADA LANCET, with the privilege of mutual exchange. The *Rivista* was founded by the illustrious, and now deeply lamented, *Carlo Livi*, Medical Director of the Asylum for the Insane, at Reggio Emilia, Italy. It is now conducted by a number of eminent medical and alienistic scientists, whose attainments and labours in the several departments enriched and adorned by them, are known throughout Europe and America; and the extent, variety and richness of its contents, give abundant evidence of the efficient manner in which their onerous labours are performed.

We have lying before us the issues for the 5th and 6th years of the *Rivista*, covering a total of over 1,600 large octavo pages, printed on superior paper, in excellent clear type, and enriched by numerous engravings executed in the very finest artistic style. We certainly do not either exaggerate or do any injustice to similar publications in our own language, or that of any other country, when we rank the *Rivista Sperimentale, facile princeps*, and we regard it as a matter of much regret that so valuable a periodical obtains so limited a circulation in the U. S. and Canada. The limited space at our disposal for the insertion of articles pertaining to subjects not immediately connected with practical medicine and surgery, has precluded indulgence in the presentation to our readers of translations of some very able productions in the *Rivista*, which we feel assured would be perused with both interest and instruction by that portion of our

readers whose taste and literary acquirements extend beyond the range of our own language. As however, these constitute only a minority, more respectable than numerous, even of *our* profession, we must defer to the requirements of the great working majority.

DR. HARKIN.

The sudden and unexpected death of Dr. Harkin, of Vanleekhill, in the Ontario Legislative Assembly rooms on the 11th ult., was a painful surprise to all his friends. He was in his usual health and spirits up to within a short time of his decease. The cause of death was supposed to be apoplexy. Dr. Harkin has been a member of the Ontario Legislature since 1875, and was much esteemed and respected by all who knew him intimately, on both sides of the House. Though only about fifty years of age he has been in practice for nearly a quarter of a century, having graduated in the University of McGill College, Montreal, in 1858. In nationality he was a Canadian, of Irish descent, in religion a Roman Catholic, and in politics, a conservative. He held many offices of honor and position among his fellow-citizens, and his loss will be deeply deplored. He leaves a wife and large family to mourn the loss of a kind husband and indulgent father.

APPOINTMENTS, ELECTIONS, ETC. — Dr. G. S. Ryerson has been elected a member of the Ophthalmological Society of Great Britain.

Dr. F. W. Strange, M.P., has been appointed Surgeon to the Queen's Own Battalion, *vice* Dr. Thorburn retired.

Drs. J. H. McCollum and G. S. Ryerson have been appointed Surgeon and Assistant-Surgeon, respectively, of the Tenth Royals.

Dr. Canniff, of Toronto, President of the Canada Medical Association, and Dr. Beatty, of Cobourg, have been appointed Census Commissioners for Ontario.

The following medical gentlemen have been appointed Commissioners under the License Act of 1876:—A. Rockwell, M.D., West Hastings; J. S. Sprague, M.D., and J. S. Loomis, M.D., North Hastings; L. Harvey, M.D., East Lambton; A. McLean, M.D., West Lambton; A. Ro-

billard, M.D., Ottawa; W. McGill, M.D., South Ontario; W. H. Blackstock, M.D., East Simcoe; and W. W. Ogden, M.D., Toronto.

SCOTT'S EMULSION OF COD LIVER OIL.—This preparation is worthy the attention of the medical profession. We have been using it in our practice for some time past, and our experience of its use is most favourable. It is a permanent emulsion, agreeable to the stomach and readily assimilated. The combination of the hypophosphites of lime and soda render it a most desirable remedy for pulmonary troubles, scrofula and emaciation, or wherever there is defective nutrition. Children take this preparation readily.

EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.—Physiology and Pathology—Dr. George Wilkins, Montreal; Surgery and Anatomy—Dr. A. E. Malloch, Hamilton; Medicine and Therapeutics—Dr. F. R. Eccles, London; Midwifery and Medical Jurisprudence—Dr. D. B. Fraser, Stratford; Chemistry—Prof. W. H. Pike, M. A., Ph. D.; Natural History—Prof. R. Ramsay, Wright, M. A., B. Sc.

CANADIANS ABROAD.—Dr. T. W. Mills, formerly of Hamilton, has successfully passed the professional examination, and was admitted a Licentiate of the Royal College of Physicians, London, on the 30th of December last.

Dr. F. Cattermole, of London, and A. A. Farewell, M.D., of Oshawa, have successfully passed the examination of the Royal College of Physicians and Surgeons, Edin., and obtained the L.R.C.P. & S.

REMOVALS.—Dr. McCullough, formerly of Rockwood, has commenced practice in this city, at 191 Bathurst Street, and Dr. Dryden, of Eramosa, has moved to Rockwood. Dr. N. McKechnie has opened an office in Thorndale, Ont., where he intends to commence practice.

APRIL MATRICULATION EXAMINATIONS.—One of the most important items at the next meeting of the Executive Committee of the Medical Council will doubtless be to fix a fair and reasonable percentage to be required at the ensuing April Matriculation Examinations.

Dr. Andrew Wood, of Edinburgh, died on the 25th of January, 1881, aged 70 years.

MISSING NOS. OF THE LANCET.—Owing to some defect in mailing the CANADA LANCET last month, several of our readers failed to receive the copies usually addressed to them. If they will kindly drop a post card, we will be glad to supply the omission.

EXAMINERS IN MEDICINE, TRINITY COLLEGE UNIVERSITY.—Dr. Baptie, of Ottawa, and Dr. W. T. Harris, of Brantford, Ont., have been appointed Examiners in Chemistry and Midwifery, respectively, in the University of Trinity College, Toronto.

CORONER.—M. M. Tucker, M.D., of Orono, has been appointed Associate Coroner for the counties of Northumberland and Durham.

Books and Pamphlets.

HANDBOOK ON DISEASES OF THE SKIN. By J. R. Kippax, M.D., LL.B., Prof. of Institutes and Practice of Medicine, etc., Chicago Homoeopathic College, etc. Chicago: Duncan Bros. Price \$1.50.

The chief value of this work lies in its conciseness. The work, the author states, has been condensed from notes originally intended for a larger work and is the result of a careful study of the literature of the subject, combined with clinical experience. A chart is added to the work, giving diagnostic, therapeutic and dietetic hints, which will, no doubt, be found very useful. The symptomatology, etiology and pathology—in short all phases of the subject are well considered for a work of its size. The treatment is of course Homoeopathic, and upon that part of the work we will not venture an opinion. The book is well printed and nicely bound.

THE POPULAR SCIENCE MONTHLY. Conducted by E. L. and W. J. Youmans. February, 1881. New York: D. Appleton & Co.

This magazine contains papers on a variety of scientific subjects, besides editorials, literary notices, popular miscellany and notes. It is always a welcome visitor, and its pages are perused with pleasure and instruction. We heartily commend it to our friends.

WOODS OPHTHALMIC TEST-TYPES AND COLOR-BLINDNESS TESTS. New York, Wm. Wood & Co; Toronto, Willing & Williamson.

The test-types and color-blindness tests are accompanied with an explanatory text by Dr. Cutter, of New York. They are intended to afford physicians a means of testing the acuteness of vision. A set of trial glasses also accompanies the tests. The detection and elimination of the color-blind is important in connection with railroad and marine signals. Holmgren's worsted test has been selected as the one best adapted to this purpose. This test will enable the family physician to decide whether his patient requires the special services of an oculist.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, with descriptive text, by Geo. Henry Fox, A.M., M.D. New York: E. B. Treat & Co.

We have received parts I. II. III. IV. V. and VI. of Dr. Fox's new series of photographic illustrations of *Cutaneous Syphilis*, a companion work to that upon skin diseases generally, which was noticed in our columns during the past year. The present volume so far as published is quite equal, if not superior, to the one previously published and those who have subscribed to the former work will, we feel assured, have no hesitation in ordering this one also, in order to have the entire work on skin diseases complete.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Rousa, M.D., and Ed. T. Ely, M.D. Revised edition. Wm. Wood & Co., New York. Price \$1.

CUTANEOUS AND VENEREAL MEMORANDA. By Henry G. Piffard, M.D., and Geo. H. Fox, M.D. Second edition. Wm. Wood & Co., New York. Price \$1.

These two little books will be found very useful as a ready reference for the general practitioner. They may be relied upon, as far as they go, in reference to the recent and accurate nature of the information they contain. They will also be found useful by students who have little time for reading the larger works, and especially during their attendance upon lectures.

CASE OF PYO-PNEUMOTHORAX SUBPHRENICUS. (Leyden). By Wm. Gardner, M.D., Prof. Medical Jurisprudence and Hygiene, McGill University, Montreal.

INFECTIOUS (SO-CALLED ULCERATIVE) ENDOCARDITIS. By Wm. Osler, M.D., M.R.C.P. Lond., McGill University, Montreal.

CASE OF MEDULLARY NEUROMA OF THE BRAIN. By Wm. Osler, M.D., M.R.C.P. Lond., McGill University, Montreal.

ON THE USE OF ALCOHOL IN PNEUMONIA. By L. C. Prevost, M.D., Ottawa.

THE TREATMENT OF RINGWORM.—A writer in the *British Med. Journal* says: The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dobzitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one dram to one ounce of vaseline. The result has been the rapid destruction of the fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

GREATER MORTALITY IN VALLEYS.—Dr. Gatling (*Medical and Surgical Journal* for October,) says:—In supervising the census of North Georgia, I have had ample confirmation of an observation which I long since made, of the increased ratio of mortality in narrow valleys. Such valleys, especially in mountainous countries, are hotter by day and colder by night than more open areas. The nights, too, are characterized by dense fogs, which contribute to render the cold night air more chilling. What with the confined air and the heat by day, and the chilly dampness of night, the mortality from both fevers and consumption is increased.

In the *Comtes Rendus*, xci., Professor Bouchut speaks of some experiments he has made going to show that the milky juice of the fig-tree possesses a fermentative power of a digestive character. Having mixed some of it with a preparation from animal tissue, he found the latter well preserved at the end of a month. This fact, when brought into connection with Professor Billroth's case of cancer of the breast, which was so excessively foul smelling that all his deodorizers failed, but which, on applying a poultice made of dried figs cooked in milk, lost entirely the previously unbearable odor, gives an importance to this homely remedy not to be denied.—*Medical Press and Circular*

SYPHILITIC IRITIS.—This much feared complication requires prompt action. The treatment recommended by Mr. J. R. Wolfe, surgeon to the Glasgow Ophthalmic Institution (*London Medical Times and Gazette*, January 1st), is as follows:—

After the administration of pil. hydr. c. colocynthis, I order small doses of ol. terebinth—one teaspoonful three times a day in syrup. aurantii, It was recommended by Dr. Carmichael, and was the favorite remedy of Dr. M'Kenzie. This I continue for three or four days, with warm drinks, foot-baths, etc. Then I order pil. hydr. c. quinae three or four times a day, and the unguent. hydr. fort., into the armpit, ℥j. every evening; warm baths twice a week. When the gums begin to get tender, I discontinue the pills, and only apply the unguent. hydr. to the axilla, and internally potassium iodide is ordered. Should symptoms of mercurialization supervene, I discontinue the ointment and keep the patient exclusively to potassium iodide, which may be given ℥j. three times a day. The strong atropine solution, with the gray ointment, is continued for a considerable time. The drops may even be persevered with for a month after the general inflammatory symptoms have disappeared.—*Med. and Surg. Reporter.*

REMOVAL OF THE OVARIES AS A HEMOSTATIC MEASURE IN UTERINE FIBROIDS.—Dr. Lawson Tait finds that removal of the ovaries is the best way to arrest the hemorrhage of fibroid tumors. He has performed the operation thirteen times, with one death. He had determined never again to remove a uterine tumor by abdominal section unless the tumor was of enormous size or was pressing injuriously upon some organ. In all the cases where he had removed the ovaries, the hemorrhage was completely arrested. He related a case in which this was very well brought out. In this one, on stoppage of hemorrhage, the tumor was becoming smaller. He had observed the reduction of size in other cases also. He should in future always perform oöphorectomy before attempting to remove the tumor.—*Western Lancet.*

DOMESTIC REMEDY FOR FELON.—Dr. T. C. Brannon says, in the *Therapeutic Gazette*, July, 1880, that for 20 years he has used the following simple treatment: Take of soft lye soap and flaxseed meal a sufficient quantity. Stir in the meal slowly and thoroughly so as to form a salve or poultice; envelope a finger in this, applying snugly, and occasionally pressing it to bring it completely in apposition, and renew it every twelve hours. The escharotic properties of the soap soon destroy the thick skin over the region of the disease, and accounts partly for the quick relief of pain. Besides this, the agent is partly absorbed and thus affects more or less the disease process.—*Virginia Med. Monthly.*

SIGN OF PREGNANCY DURING THE FIRST THREE MONTHS.—Dr. J. H. Carstens, in the *Detroit Lancet*, September, 1880, says: I wish to call attention to a sign which, in my experience, has never failed in making a correct diagnosis of pregnancy. I refer to the color of the mucous membrane of the vagina and cervix uteri. This I have always found of a purplish blue, or rather deep violet hue. It is not produced by any pathological condition. The different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue. I have often called the attention of students to this sign, and in dispensary practice it has repeatedly occurred that women under my treatment for uterine disease have not attended for six or eight weeks, and hastily placing them on a table without inquiring about their last menstruation, I have introduced a speculum, and have been on the point of introducing a probe, or making an application to the uterus, when, behold! there was the characteristic color. In every case which I could keep under observation, the women were afterwards delivered at full term or had a miscarriage.—*Virginia Medical Monthly.*

ADMINISTRATION OF IODIDE OF POTASSIUM.—A most palatable way of administering the iodide to children, or to adults whose gastric membrane is easily irritated, is as follows in any dose required:

℞ Potass. iodidi..... grs. 10
Syrupi cydonii..... ℥j

M. Sig. In a glass of water.

I prepare the syrup of cydonium as follows:

℞ Cydonium (quince seeds)..... 1 part
Cydonium malum (quince fruit) 3 “
Simple syrup 4 “
Water sufficient.

Boil together until seeds and fruit can be crushed with a spoon, then boil until the mass becomes of the consistence of molasses. Strain through a fine sieve. The syrup prepared this way keeps as long as jelly. It is an elegant vehicle on account of its delicious and its mucilaginous properties, giving us in one preparation a demulcent as well as a placebo.

I commend this vehicle not for the iodide alone but likewise for the nitrate of potassa and such drugs as are objectionable when given in a watery solution.—*Med. Herald.*

Births, Marriages and Deaths.

On the 18th ult., Dr. Tuck, of Orangeville, in the 50th year of his age.

On the 11th ult., William Harkin, M. D. C. M., of Vanleekhill, aged 50 years.

*** The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

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PURE COD LIVER OIL,

With **HYPOPHOSPHITES** of **LIME** and **SODA**,
PERFECT, PERMANENT, PALATABLE.

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

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

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

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

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

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

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

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

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

Messrs. SCOTT & BOWNE:

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

I have the honor to be, yours truly,

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

St. John, N.B.

Messrs. SCOTT & BOWNE:

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

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

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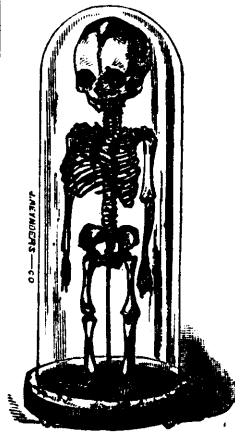
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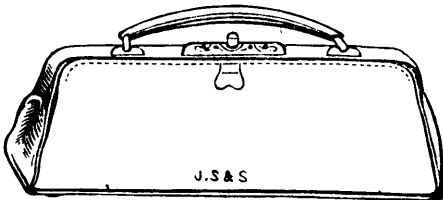
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ADVICE TO INVALIDS.

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

CHLORODYNE,

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

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

CHLOROD effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Croup, Ague.

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

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

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

Extract from *Indian Economist*.

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

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

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

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

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

From Dr. THOMAS SANDIFORD, Passage West, Cork.

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

From Dr. B. J. BOULTON & Co., Horncastle.

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

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

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

CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

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

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

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

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

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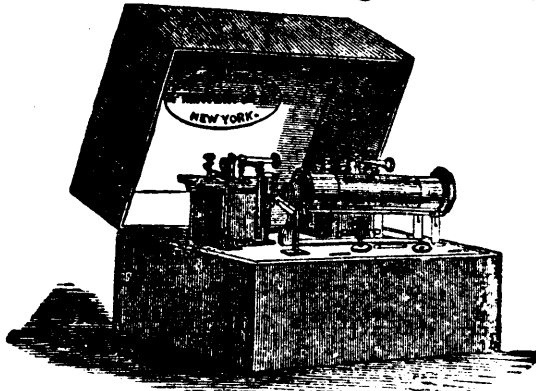
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THE REGULAR SESSION will begin on Wednesday, September 21, 1881, and end about the middle of March, 1882. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical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

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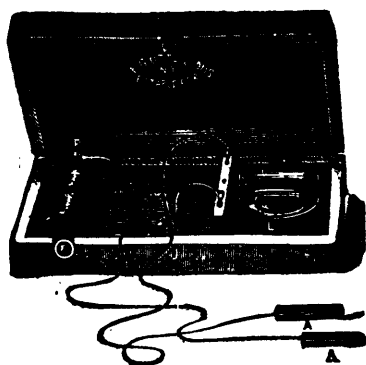
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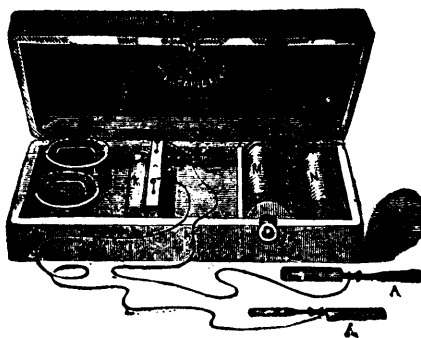
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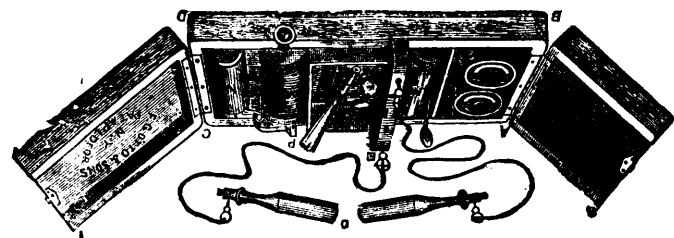
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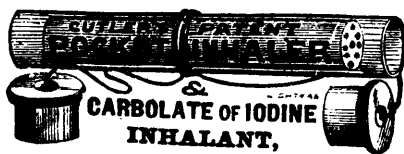
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*See page 188 CANADA LANCET, Feb. 1st, 1880, on Carbolic Acid Spray in Coughs, Asthma, &c.



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