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# THE CANADA LANCET.

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

Vol. IX }  
No. 12. }

TORONTO, AUGUST 1, 1877.

Price 30 Cent  
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## TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids*.

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

## CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

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

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

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

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

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Professor of Chemistry and Mineralogy."

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amination for *quinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,  
Professor of Chemistry."

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S. P. SHARPLES, State Assayer of Mass."

## TESTIMONIALS.

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"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine.  
J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.  
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.  
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.  
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.  
DR. I. C. BARLOTT."

"RENFROW'S STATTON, TENN., July 4, 1876.  
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W. H. HALBERT."

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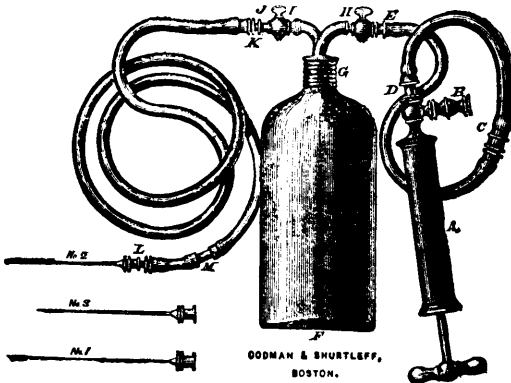
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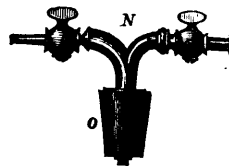


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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, AUG. 1ST, 1877. No. 12.

## Original Communications.

### FISTULA IN ANO, COMPLICATED WITH FISSURE AND TUMOR IN THE REC- TUM. CASE II.—PROLAPSUS ANI.

BY JAMES CATTERMOLLE, M. D., L. S. A., LONDON, ONT.

I believe that no class of surgical diseases receive a less share of attention from the great body of medical and surgical practitioners than those of the anus and rectum. The greater number of these cases are but too frequently very imperfectly examined prior to treatment, and as a matter of course, terminate unsatisfactorily, to the chagrin of the doctor, and disappointment of his patient. By ascertaining the real nature of the case in the first place, such results might be generally avoided, as most operations on that region may be done with safety and success, provided due attention be used in the after-treatment, for when this is well carried out the relief of these most disagreeable and painful affections is generally complete and lasting. Seeing that so few cases of the sort are given in our medical periodicals, I am induced to report the following:—

Early in November, 1876, I received a letter from a gentleman aged 48, living in the Northern States, who for many months had suffered from some painful affection of the rectum. The local doctors treated him for piles. After trying their remedies for some time, without the desired relief, he proceeded to Chicago in the end of September, and there was examined by two surgeons of that city, who assured him that he had neither piles nor fistula, but fissure. These gentlemen immediately applied forcible dilatation; this proceeding gave most intolerable pain, followed by extreme exhaustion for several days. On a subsequent examination a small tumour was discovered about two inches up the rectum, which they supposed to be a polypus.

This, or a portion of it, they excised. After this little operation the patient felt better, and experienced much relief for about a fortnight, when again the old symptoms returned in a modified form, the pain during and after defæcation not being so great as before the treatment, but there was still much uneasiness, attended with some discharge of matter from the rectum, and to use his own words, he felt as if he had a sore boil an inch or too up the bowel. Certain medicines and injections were used, which only afforded temporary relief. By this time his health and strength had greatly diminished, and in this condition he came under my care in December.

On examination by my friend, Dr. Niven, and myself, an incompletely healed fissure was seen, extending from the extremity of the coccyx more than an inch-and-a-half up the bowel, with three much smaller fissures, running parallel with it, nearly reaching the base of a tumoid growth of the size and shape of a large nutmeg, rather broad at its base. On the right side of this tumor was an opening in the mucous membrane, into which I passed a bent probe. This blind fistula—for such it was—extended from that point down to the verge of the anus. The fistula was immediately divided, cutting freely through the sphincter. The tumoid growth was then cut away with a very sharp scalpel, and a dossil of lint well soaked in carbolic acid left in the bowel.

In consequence of the patient's weakness, the fissures were left to be dealt with at the end of the week, when they were divided in the usual way with a straight knife, and the carbolic acid used for a few days longer. The tumor before spoken of, began to sprout up again, and required another application of the scalpel, the surface was well cauterized with the acid nitrate of mercury for some five or six days and its growth completely arrested. The intestine was cleansed every morning with warm water enemata previous to dressing.

Owing to the low and enfeebled state of the system, the wounds were somewhat tardy in healing. They were improved by the occasional use of the nitrate of silver, but finally I found the old Ung. Resino, passed daily into the rectum, through a suppository tube, to answer an excellent purpose, under which the bowel healed at the end of the sixth week, and the patient was sufficiently strong to return to the far west, the second week

in February. A letter from him, a few days since, tells me he is quite well.

In this wide-spread Dominion there must be many similar cases, of equal or even greater practical importance than the above, constantly coming under treatment in private and hospital practice, yet few are deemed worthy of notice in our medical journals, while it must be obvious, at least to the junior practitioner, that a plain and truthful account of such cases would prove practically useful, probably quite as much so, as the most erudite narration of many capital operations.

#### CASE OF PROLAPSUS ANI.

In June, 1876, a lady, aged thirty, consulted me in consequence of having for the last five years endured much pain and annoyance from prolapsus ani and hemorrhoids. During that time she had been frequently under medical and surgical treatment. About six months ago, *i. e.*, November, 1875, several external piles were removed by ligation and excision, but without affording any relief to the prolapsus, the chief trouble still remained. The anal orifice was left unusually large, and very large mucous folds protruded not only during defæcation, but the mere act of walking or any slight exertion would bring them down. Trusses and various appliances had been tried, also any amount of ointment, astringent lotions, and not a few quack remedies, without benefit.

June 8th.—The patient was chloroformed, and by the aid of strong toothed forceps, scalpel and scissors, I excised three good-sized flaps from the verge of the anus, consisting of skin, mucous membrane and some few fibres of the sphincter; the hemorrhage was but slight and easily suppressed; the wounds were dressed with lint and very weak carbolic lotion. Ordered half a grain of morphine to ease the pain and keep the bowels quiet.

9th.—Rested well last night, parts somewhat swollen and painful; repeat morphine and apply poultices till to-morrow.

10th.—About the same; weak lead lotion to be constantly applied. Repeat morphine, *h. s. s.*

11th.—Swelling and pain subsiding; continue lotion. To have castor oil this afternoon.

12th.—Quite comfortable. Oil acted well; wounds look healthy; appetite good, continue lotion.

14th.—Progressing well; wounds clean and closing; to be dressed with simple ointment on lint which was continued up to the 26th, when the parts had quite healed, and the anal orifice which for some three or four years had been much too capacious, was now reduced to moderate dimensions, neither has the opposite condition occurred, *viz.*, that of undue contraction. Twelve months have now elapsed, and the lady is quite free from her old malady.

#### CASES IN PRACTICE.—1. REMOVAL OF SUPERIOR MAXILLA. 2. SEVERE INJURY TO THE FACE.

BY J. G. CRANSTON, M.D., ARNPRIOR, ONT.

(*Read before the Bathurst and Rideau Medical Association.*)

MR. PRESIDENT AND GENTLEMEN—It was my intention to have read on the present occasion a paper on the causes, symptoms and treatment of Typhoid Fever as I have observed it in this section of the country; but my time has been so taken up, in fact, overtaxed since our last meeting, by things and circumstances outside of matters medical, that I have reluctantly been compelled to forego my intention in this respect. But as a slight atonement for the disappointment which my failure to do what you had a right to expect I should have done, may have occasioned, I will, with your permission relate the history, treatment, and results of two cases which have occurred in my own practice during the last fourteen years, and taken almost verbatim from my book of memoranda of cases, which I considered worthy of being recorded.

CASE 1.—On the 20th of April, 1863, I was called to see a farmer's wife, a Mrs. Mooney, living about two miles from the village of Arnprior, aged 56, large and robust, and the mother of a large family, and who had up to a month or so previously, enjoyed, during the whole of her life, the most perfect health. I found her suffering from a good deal of constitutional disturbance, deep-seated and lancinating pains in the right superior maxilla. There was great enlargement and extreme tenderness of the cheek on this side, the hard and soft palates were considerably depressed, the gum much swollen, of a dark and livid colour,

soft and spongy, and would bleed when slightly touched. The two molar teeth, the only ones remaining on the right side, were loose in their sockets. Thinking the difficulty might be caused by an abscess, or the collection of fluid in the maxillary cavity I extracted one of the molars, and through its cavity pushed a small-sized trocar into the antrum, but nothing escaped except a few drops of, what seemed to be, dark-colored blood. I prescribed some alterative medicines, a soothing poultice to the cheek, and directed her to gargle her mouth frequently with warm water containing a little tincture of opium.

I saw her again on the 26th of April. The tumor had been steadily and rapidly enlarging and was now projecting into the fauces, and mouth. There was great bulging outwards in the direction of the cheek, interfering with articulation and the movements of the lower jaw, and her sufferings were so great that she begged me to give her some relief or she would die. After considering all the circumstances of her case, the rapid growth of the tumor, its steady encroachment upon the adjacent parts, its sharp, darting pains, its somewhat soft and elastic feel, the livid aspect of its buccal portion, and the absence of matter in the antrum, which I again explored, I came to the conclusion that this was a case of encephaloid disease of the superior maxilla, having its origin most probably in the cavity of this bone. I told my patient her case was a desperate one, and that the only means of affording her relief would be in removing, by an operation, the whole of the upper jaw, and explained to her carefully at the same time, that after this was done the disease would sooner or later most likely return. She consented, indeed was anxious to submit to the operation, and appointed the 4th of May for it to come off. I requested my friends, Drs. Sweetland, then of Pakenham, and Smith of Bristol, to assist me: both kindly consented. When the time came Dr. Sweetland, owing to some unforeseen professional engagement, could not attend, so Dr. Smith and I had to perform this formidable and somewhat difficult operation alone. From amongst the crowd that had assembled on the occasion, we selected two of the most trustworthy and reliable to act as assistants.

We placed the patient recumbent on a strong table, with a broad and rather thin pillow under the head and shoulders, and inclined the face to-

wards the left side, and, contrary to the teachings of Miller, and other English writers in regard to operations on the mouth, brought her thoroughly under the influence of chloroform, of which Dr. Smith took charge, and rendered what other assistance he was able during the operation.

The operation was commenced by extracting a tooth in front; next a long curvilinear incision was made, extending across the most prominent part of the tumour, from the commissure of the lips to the zygomatic process of the malar bone terminating within an inch of the external angle of the eye. A second incision was then made horizontally along the inferior border of the orbit to the side of the nasal process, and the flaps indicated by these incisions carefully and quickly dissected from the tumor and held out of the way by an assistant. The mucous membrane of the mouth was then divided with a scalpel in the middle line as far back as the pendulous velum of the palate, and by a cross cut this structure was severed from the diseased parts. A saw, resembling a Hey's saw, but somewhat longer and stronger, was carried through the alveolar process in front, and the horizontal plate behind was divided by a pair of long pliers, one blade in the alveolar and palatine groove, the other in the nostril, as far back as the corresponding portion of the palate bone. With the same instrument the malar bone was divided near its junction with the maxillary, and the nasal process on a level with the lower margin of the orbit. Finally the jaw being separated at its junction with the pterygoid process and palate bone with a bone chisel and scalpel, and the tumour pressed downwards, it was severed from its connections, and with a little cutting of soft parts where required it was removed entire and was nearly as large as an ordinary sized tea-cup.

The parts were now carefully sponged out, and any diseased or suspicious-looking substances removed with a gouge and other instruments, and the mouths of any bleeding vessels secured by ligatures. The cavity made by the removal of the tumour was then filled with lint, wet with a solution of alum and tannic acid, to prevent oozing of blood from the deep portions of the wound, and give support to the cheek. The edges of the flaps were now carefully approximated by the twisted suture, a compress applied over the cheek, and the parts supported by a roller passed around the head and chin in the form of a figure 8. Very little

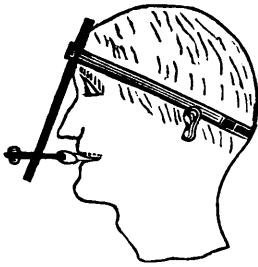
blood was lost during the operation, the facial and other arteries being compressed by the fingers of the assistants and care being taken to keep well beyond diseased structure while operating. No trouble was experienced in keeping the throat clear of blood with a sponge mop. The after treatment was strictly anti-phlogistic. The external wound healed kindly by the first intention, and the needles were removed on the fourth day. The internal wound suppurated freely for some time, but gradually healed and contracted, and at the end of two months the surrounding and associated parts had so accommodated themselves to their new situation that the function of deglutition, at first so difficult, was performed with its wonted ease and facility. My patient had now regained her former good health and spirits and was strong in the belief that her disease would not return, but alas! her hopes were doomed to disappointment, for in ten months after, it re-appeared, ran a rapid course, and death kindly closed her sufferings.

CASE II.—In the early part of December, 1871, I was called to White Lake, a distance of 13 miles, to see a man named Stewart who had met with a severe accident while employed in a saw-mill. He was standing in front of, and at some distance from a large circular saw, used for slabbing or siding logs, and the man who was running the saw accidentally allowed a heavy piece of frozen slab, (4 inches long, 1 inch wide and 4 inches thick) to fall upon it. The slab was instantly driven forward with great force, striking Stewart with its end in the face, and knocking him down, thoroughly stunned. In an insensible condition he was carried to his boarding-house. I saw him six hours afterwards when he had quite recovered his consciousness. The blow seemed to have expended its main force on the nasal bones, at their junction with the frontal, and on the left malar bone. The nose and cheek were contused and swollen, and both eyes closed from extravasation into the surrounding tissues. There was a well-marked caving-in of the whole of that portion of the face occupied by the upper jaw, the palate bone resting on the back part of the pharynx, the front teeth of the under jaw being fully  $\frac{1}{2}$  an inch in advance of the corresponding teeth in the upper. The superior maxillæ were in fact completely separated, and displaced from their connections, taking with them the nasal bones which were detached from the frontal.

The line of fracture could be easily and unmistakably felt, by passing the finger from the articulation of the maxilla with the malar bone on one side, around the inner angle of the eye, and over the union of the nasal processes and nasal bones with the frontal to the corresponding point on the other. Taking hold of the alveolar process in front with the finger and thumb, the jaw could be moved backwards and forwards with ease, it making at the same time a distinct grating sound. The same grating sound took place whenever he attempted to swallow. With the finger and thumb I had no difficulty in bringing the jaw into its proper place; but as soon as I loosened my hold it would drop back into its abnormal position. Finding I could not secure a permanent re-adjustment of the parts, I left my patient with instructions to keep cooling lotions to the face until I should return with an apparatus that would probably retain the bones in their place. I called on Mr. Lang, a gunsmith in Arnprior at that time, now of Pembroke, a man, by the way, of almost universal genius as a mechanic, and got him to construct an instrument suitable for the purpose.

It consisted of a steel band an inch wide and partly covered, and made to encircle the head and buckle under the occiput, by a strap about 2 inches long. A steel bar 7 inches long,  $\frac{1}{2}$  inch wide, and  $\frac{1}{8}$  of an inch thick, and highly tempered to give it strength, was passed through the band at right angles to it in a mortise and descended from the middle of the forehead over the nose, but some distance from that organ to a point 2 inches or so, out from, and opposite to the middle of the mouth. This bar was retained in the band by a set screw, and could be lengthened or shortened at pleasure. Through the lower extremity of the bar, and from without inwards towards the mouth passed a slender thumb-screw, and on the end of this screw next to the mouth was fixed by a shoulder on each side, a loose or revolving nut an inch long and half an inch wide, which had at each end a small perforation. The instrument being applied a piece of silver wire was passed around the molar teeth on each side and brought out between the lateral incisors, and passing through the perforations in each end of the nut was then secured. The bar formed a fixed point for the thumb-screw, and the end of the screw revolved in the nut, so that by turning the screw the

jaw was drawn by means of the silver wires into its normal position and retained there. An idea of the instrument will probably be more readily obtained by a glance at the accompanying sketch.



Without this instrument the patient could replace the jaw, and retain it by keeping the lower jaw closed upon it, but the moment he attempted to swallow anything it would become displaced. With the instrument he had no trouble in this respect. In ten days all motion of the displaced bones had ceased, and the instrument was dispensed with. In twenty-five days the parts were completely restored, and without the slightest indication of any deformity. Considering the extensive lesion which must have taken place in this case, namely fracture of the ethmoides and pterygoid processes of the sphenoid bones, for these must have been broken, otherwise the maxillæ could not have been forced in, causing the palate bone to rest against the back part of the pharynx, it is surprising how quickly and perfectly the parts were restored. It is an evidence that with a little judicious assistance, nature will in her own case rectify what is wrong.

#### NOTES OF A CASE OF FRACTURE OF THE BASE OF THE SKULL.

BY ALFRED J. HORSEY, OTTAWA.

(One of the attending surgeons, Co. Carleton Hospital.)

Wm. S—, groom, aged 22, weight 140 pounds was thrown from a horse which he was riding, at 10:30 o'clock, p.m., on the night of the 24th of June. A few minutes after the accident, he was seen by a medical man at the place where he fell. He was sitting up, supported by by-standers, bleeding freely from his left ear, breathing heavily and unable to speak. He was cursorily examined by the light of a match and by manipulation, but

no serious injury found. He was helped up and walked by the assistance of a man on either side taking his arms, a distance of one hundred and fifty yards, when he sat down upon a door step. After resting a few minutes, he walked, assisted as before, about fifty yards farther, to a house where he was more carefully examined, but nothing more detected. He appeared to be conscious, but did not reply to questions asked him—but said, "take me home," got up alone and walked out into the street and vomited. He seemed strong and walked with little staggering. He said, "give me a drink of brandy and I will keep quiet," which request was not complied with.

He was now put in a carriage between two assistants and driven to his master's house, about half a mile off. He walked by assistance up two flight of stairs, and was put to bed. A female servant of the house entering his room said William you have got a bad hurt? when he answered yes Mary, I am done for. The clots were removed from the ear by syringing, but the source of the blood was not visible. Cold water was applied to the head and a sedative given, this was about 11:30 o'clock, p.m., or an hour after the accident. Half an hour after this he was seen by his non-medical assistant, who reapplied the cold water and retired to his room on the floor next below. About 1 o'clock the assistant heard a thumping on the floor. He went up and found the patient sitting on the edge of the bed holding his head between his hands, while his elbows rested upon his knees. He was told to lie down, and assisted in doing so, blood still trickled from his ear; after staying with him a few minutes, the assistant left the room. About 2:30 a.m., the thumping was repeated; the assistant went up and found him sitting as before, his nose bleeding slightly; when told to lie down, he stood up alone, turned around and lay down. Grasping his attendant's wrist, he shoved him from him as though he wanted him no longer, turned over and sighed. Assistant left him, retired to his room and sat up reading, so that he might hear any noise, but heard none. In the morning he was found dead in the position in which he was last left, his body still retaining some warmth.

*Post Mortem.*—The *post mortem* revealed a contused and swollen portion of the scalp over the left parietal bone; (his hat, a stiff felt one, also

bearing evidence of his having fallen on this part of the head). On reflecting the scalp, it was found to be deeply ecchymosed over this part, and when the calvarium was removed, the membranes and brain substance were found much congested on the side struck; but more especially on the opposite one. The middle meningeal artery was ruptured, as likewise the tympanum. A fracture extended from the centre of the superior border of the squamous portion of the temporal bone downwards through the meatus auditorius externus posterior to the styloid process into the foramen lacerum posterius. On the interior of the skull, it could be traced through the petrous portion into the foramen lacerum arterius.

Leaving the readers of this case to draw their own deduction, I would add a short note bearing upon the sign hemorrhage, from a case \* happening the day after the one related.

### Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In looking over the columns of the May number of your valuable and much sought after Journal, we were surprised, as well as grieved, at some of the unjust statements made by your correspondent over the signature of one who arrogates to himself the title of "One Who Knows."

In reference to his "seeking not to raise one institution by lowering another" we will leave your intelligent readers to judge whether he has not *thus* completely ignored the introductory part of his letter, and allowed his natural proclivities to overcome his better judgment, and fallen into the very error which he intended to avoid.

It is not our purpose in this letter to answer the invidious remarks of your correspondent, concerning some of the medical staff of this hospital, as we are quite confident that the reputation of the gentlemen to whom he has referred, are already too well established to be in any way affected by the adverse criticism of your correspondent. His equally un-called-for assertions regarding the "ac-

\* A man aged forty, fell from the upright position forwards, prone upon the ground, striking upon his chin. He bled freely from his left ear, (he says half a gallon). His injuries as far as made out, besides a cut on the mental protuberance and tenderness in and about the articulation of the inferior maxilla on the left side, were rupture of the membrana tympani, followed by deafness on the same side. He has recovered without any bad symptoms.

commodation, crippled finances, &c.," of an institution, which has been the home of a greater number of our Canadian medical brethren, than any other hospital in the great metropolis, need only be mentioned to be despised. But we cannot put aside the impression that your correspondent has thrown the gauntlet to the Canadian students of St. Thomas's Hospital to deny the charges and statements made by him; and we most cheerfully take it up, and embrace the earliest opportunity, with your kind permission, to establish by incontrovertible facts the unjust and incorrect statements of your unknown, though knowing? correspondent. Of the correctness of such facts, your correspondent can fully satisfy himself by referring to the books of the St. Thomas's Hospital Medical School, applying either to the Librarian or Registrar. In doing so, we wish it to be distinctly understood, that we have none other than the most friendly feelings towards all the hospitals of this great city; and of the kindness to us of the various medical staffs, we cannot but speak in the highest terms of praise. During the last twelve months the following appointments have been held by Canadians: 5 obstetric clerks, 5 out-door dressers, 7 in-patient clinical clerks, 3 in-patient dressers. And the appointment of Resident Accoucheur, and that of Surgical Registrar, has each been held by Canadians during that time. Few, if any, have been refused the appointments for which they applied. We leave it to your readers to determine whether your correspondent "One Who Knows," was correct when he states, "I know as a fact, that it is exceptional for Canadian students to become in-patient dressers, &c."

In regard to the random statements concerning obstetric clerks, attending 50 maternity cases, in the short space of two weeks, we agree with your correspondent that it is "exceptional," and we think that *they* are still more exceptional who would undertake such a wholesale practice of midwifery, and expect to do justice to their patients—remembering that these patients have to be attended at their homes.

As St. Thomas's has been the first metropolitan hospital to open its doors to Canadian graduates, at a reduced fee, we consider it a very uncourteous act on the part of your correspondent to speak so disparagingly of either the institution, or its medical or surgical staff.

Signed on behalf of the Canadian graduates,

F. R. ECCLES, M.B., M.R.C.S.E.  
D. FRASER, M.B., M.R.C.S.E.

St. Thomas's Hospital,  
London, June, 1877.

## Selected Articles.

## THE RELATIVE VALUE OF DIFFERENT LOTIONS IN ULCERS OF THE LEG.

Dr. William Alexander, Visiting Surgeon to the Liverpool Workhouse Hospital, contributes to the *Medical Examiner* (May 3 and 10) an interesting communication on this subject, and from it we make the following extract:—

The treatment naturally divides itself into constitutional, mechanical, and topical. All our patients were in fair health, and were subject to no organic disease. The urine, lungs, and heart were examined in every case, and if there were any symptoms indicating mischief, or if serious disease was found, the patients were transferred to other wards. The diet in all was similar, sufficient, and unstimulating; medicine was rarely given; so that we may dismiss constitutional treatment with the remark that when necessary it is most important, but that it is most difficult to tell when a patient is in good general health, as far as an ulcer is concerned, as very often the strong and apparently healthy are more difficult to cure than the delicate and apparently unhealthy. I think that in such cases the constitution has little to do with the treatment, but that the slow cicatrization depends to a great extent on the mechanical derangement of the limb. This brings us to the second and most important mode of treatment, the *mechanical*. It is to the perfecting of this that we believe the attention of surgeons must be directed in future; but we will dismiss it also for the present, as it was used, in addition to the topical treatment, in all cases in which it was considered suitable or necessary, and does not invalidate, or to a very slight extent, the result of our experiments on the relative effects of topical applications. *Strapping* by means of soap plaster is the simplest mechanical means we have used by itself, and it is the grand remedy for indolent ulcers which are not spreading in a fleshy leg that possesses a moderate amount of vitality. The test of success in any remedy was that the ulcer became healthy or kept healthy, and continued healing until the patient was either discharged cured or at his own request. As soon as the sore became stationary or retrograded the lotion was changed.

Caustics were used in several cases, but only for destroying sloughs, the ulcers being treated afterwards by some of the above-mentioned lotions.

I will now explain the indications for the use of each of the lotions.

*Boracic ointment* is made, after Mr. Lister's formula, of one part boracic acid, one part white wax, two parts paraffin, and two parts almond oil, modified and softened by a little glycerine, as recommended by Dr. Macfie Campbell. This is the

only unctuous application in which we have any confidence, a trial of some others having proved their inferiority to lotions. Boracic ointment is most useful in slowly healing ulcers; it keeps them clean and healthy-looking for any length of time.

*Chloral lotion* has two distinct properties, cleansing and healing, the former being its pre-eminent one. In eighty-nine cases its healing qualities were not properly tested, as it was and is extensively used by us to all ulcers on admission preparatory to the application of other lotions which are used when the sore is clean; so that many more than thirty-five would have healed to the end had the lotion been continued. If I were asked to name the most generally useful lotion that would save all trouble to the surgeon and secure a comparatively good result, I would at once name chloral lotion. In a healthy sore, where there is no mechanical obstruction to cicatrization, the lotion most rapid in producing the desired effect is *chloride of zinc*; the sulphate appears to be much inferior. Much caution is required in the use of these two applications, least over-stimulation and sloughing, or ulceration should result. In superficial ulcers the rapid effect of the chloride is very little superior to our next application, *lotio boro-salyilica*. This was first introduced with the object of checking a profuse discharge of pus from a chronic abscess, Langenbeck having used it for that purpose in a case of excision of the larynx. It does not seem to me to have much value in that direction, but it is very useful in superficial ulcers.

The old *spirit lotion* still holds its ground as a most useful application to healthy wounds; and *lotio ferri* can be highly recommended in pale anæmic ulcers with their watery discharge in unhealthy anæmic individuals.

In eleven cases of obstinate resistance to treatment in long-standing ulcers, a *seton* was inserted near the tubercle of the tibia, with the object of securing the accustomed "drain for the body." In five cases it was useful; but the theory is incorrect, as the body does not require the drain. We have never seen bad effects from stopping it when we could, and in many of the cases that resisted the seton, we found afterwards, from the effect of more suitable treatment, that the cause was quite different.

*Lead and opium lotion* holds an enviable position in clean but irritable ulcers, with a deep-red and painful state of the integument around. This seems to be its special niche, as it nearly always leads to disappointment when used in other varieties of ulcer.

*Water-dressing* was used only in two cases. It may do very well in private practice, but it is a dangerous remedy where many ulcers are congregated. On this ground it was given up.

We now come to *carbolic acid*, either as a lotion or mixed with olive oil. I look upon it as our



greatest safeguard and sheet-anchor in hospital practice, and especially in *workhouse hospitals*. If pyæmia, erysipelas, or phagedæna threaten, to carbolic acid we resort at once; and I think it is an almost conclusive proof of its efficacy in preventing these scourges of hospital wards that in our hospital, where patients are admitted with every possible grade of unhealthy, dirty, and sloughing sores, only two cases have as yet been attacked with erysipelas after operation. Pyæmia, also, after operation is almost unknown; and I think that the prevention of such diseases shows the great practical use of this acid; but its efficacy in healing chronic ulcers is much inferior to many other of the remedies employed. It will keep the ulcers clean and sweet for almost any length of time; but they will not heal, and at length assume a soft, light-red, parboiled appearance, which they retain.

*Chapman's* treatment by bandages, dipped in water in which a little glycerine is added, was tried in six cases. Two of these healed uninterruptedly; but in the others the result was so unsatisfactory that no further trial was made. I believe it to be useful in small, irritable ulcers, for which I intend to try it in future.

What I have called "*antiphlogistic lotion*" is one proposed by Mr. Hutchinson, composed of acetate of lead  $\zeta$ iv. ac. acet. dil.  $\zeta$ ij  $\Theta$ ij. and rectified spirit  $\zeta$ viiij. Five out of eleven cases healed under its influence. These legs generally exhibited numerous small ulcers, with the skin around in an unstable condition. The skin was strengthened, and the ulcers soon became glazed over and assumed a reddish-brown tint, quite peculiar to this treatment.

*Antiseptic dressing* consisted in steeping and thoroughly washing the ulcer in carbolic acid, strapping it with several layers of lac and cotton-wool, and applying a firm bandage from toes to knee, the limb being enveloped during the operation in a cloud of carbolic-acid spray. It produced a permanently good result only in two cases. After the first few applications the sore looks healthy, the beautiful thin cicatricial line can be seen creeping inwards, but in a short time the healing process is at a stand-still, and the re-ulceration begins either in the surrounding skin or in the cicatrix. If the lotion is changed while the sore is healing, cessation of the process immediately takes place, the cicatrix resembling a "forced" plant that will not live in the open air.

*Electrolysis and grafting* may be classed together as different methods of *forcing* cicatrization. In healthy granulation surfaces, where everything is favourable, cicatrization may be much hastened and facilitated thereby, but in chronic ulcers electrolysis resembles the application of the spur to an exhausted horse, and grafting is to the ulcer what over-feeding is to an exhausted stomach. Only

one case healed after electrolysis and two after grafting, out of nine and eleven cases respectively. Latterly I have grafted ulcers with the thin and almost hairless skin from the inside of rabbits ears, and with as good a result as with human skin, though not with such a good result as would induce me any longer either to sacrifice rabbits or to undertake such troublesome methods of treatment. During my later experiments in grafting, I covered the grafts with a fine piece of iron wire gauze, surrounded by oakum. The discharge from the sore was absorbed by the oakum, which could be changed without disturbing either the gauze or the grafts. More recently still I have used pieces of gauze alone without any grafts. They are applied for two or three days, when the ulcer becomes thoroughly cleansed, and the appropriate treatment for bringing about cicatrization is then adopted. I believe that the effects are as good as those of electrolysis or grafting, as far as regards the increase in the vitality of the sore, although there is an absence of the scientific display and the operative manipulation by which the latter methods are distinguished, and which cause the ulcer to have a very dirty appearance.

I have already alluded to the importance of mechanical appliances in the treatment of ulcers, and I wish now to mention a few situations where mechanical forces prevent cicatrization.

1. In small ulcers, having a longitudinal direction, upon the sharp anterior border of the tibia in its middle third, the muscular mass of the calf drags upon their edges, and either prevents cicatrization or breaks up the cicatrix before it is strong enough to resist the tension. A well-padded back splint, to which a foot-piece is added, and to which the leg is firmly strapped, secures a good result.

2. A depressed concave ulcer on the inner side of the calf, just above the spot where the muscular tissue joins the tendo Achillis. In such cases the calf is unusually prominent. Soap strapping for a considerable period is the most effectual application.

3. A strap-shaped ulcer above the ankle, with infiltration and atrophy of the subcutaneous cellular tissues, the leg being the same diameter for three to four inches above the malleoli, when it suddenly enlarges into the calf. The cicatrix moves with every movement of the tendons, and requires a long time and many fresh ulcerations before it so accommodates itself to the necessary movements of the part as to be no longer injured.

4. Ulcers on the malleoli require rest, soothing lotions, and much patience for their treatment.

5. Ulcers on what might be called the "bursting leg," where the skin is tense, but not glazed or red. The ulcers are small, often numerous, and usually occur in young, strong, healthy persons, and are mostly associated with hypertrophy of the tibia.

In conclusion, I am justified in laying down the following propositions regarding chronic ulcers of the leg ;—

1. That an ulcer on a comparatively healthy leg will be healed by every mode of treatment that secures cleanliness, and that does not interfere with the healing process.
2. That in the majority of cases the causes preventing cicatrization are mechanical, and can be best treated by removing or counteracting these obstacles, and that until this is done any benefit to be derived from topical applications will be but temporary and evanescent.
3. That large ulcers of the leg require a certain time to cicatrize ; that periods of rest in the process are necessary for the maturing and contraction of each fresh piece of a scitatrix, and that we ought to devote more attention to the signs that will indicate whether an indolent ulcer should be stimulated, or whether the apparent indolence is only a rest, as necessary for its future exertions as our daily sleep is to us.
4. That we must shun the over-use of wet applications ; the lotion should be applied to the ulcer *alone*, and the surrounding skin should be kept as dry as possible.
5. That where wet applications are resented by the skin or ulcer, oxide of zinc powder dredged over the limb is most useful ; and where the ulcer is healing, but the surrounding skin unstable, the zinc lotion to the ulcer and the powder to the skin, have seemed to me the most appropriate treatment.

—(*Monthly Abstract of Medical Science.*)

#### LATENT CANCER OF THE STOMACH.

In an important thesis, lately published, on this subject (abstracted in *Journal de Médecine et de Chirurgie Pratiques*, April, 1877), M. Chesnet, basing his conclusions on numerous observations, brings to light the fact that not only may cancer of the stomach reveal itself by no other signs than a little dyspepsia, or by a cachexia of which we cannot ascertain the cause, but that it may produce ascites like cirrhosis, anasarca like Bright's disease, that it may perfectly simulate tuberculosis, chronic bronchitis, cardiac affection, etc.

The author has divided his observations into ten categories. In the first, he deals with cases in which the malady has been absolutely latent, nothing during the life of the patient having drawn attention to the stomach, whilst the lesions found there by chance after death were much advanced. In the second category are found the cases in which the only symptom observed was dyspepsia. In the third class, uncontrollable vomiting during pregnancy led to the idea that one only had to deal with the ordinary accidents of this condition, whilst they were maintained by a cancer, probably pre-

existent. In another class M. Chesnet places a case in which the patient presented, as the morbid symptom, anasarca, and died of purulent pleurisy. There was no albumen in the urine ; this fact, as well as another given by M. Rendu, shows that, in cases of anasarca, accompanied by cachexia without albuminuria, we may suspect cancer of the stomach, even when there are no gastric symptoms. The ascites due to a latent cancer of the stomach, has often caused a false diagnosis, either of cirrhosis, or tuberculous peritonitis, as many cases ranged under the succeeding category show. In the form of latent cancer of the stomach, called thoracic by M. Chesnet, very different cases may occur. Thus, at first, we may suppose that there is pulmonary tuberculosis, and then that there is nothing serious in the lungs, but that the stomach is the seat of the lesion. M. Bucquoy, however, did not commit this error in a case where a patient presented most of the usual symptoms of tuberculosis, without auscultation revealing serious pulmonary lesions ; basing his opinion on the cachectic state of the patient, not regarding the state of the lungs, this physician, although there were no gastric symptoms, diagnosed a cancer of the stomach, which was verified by the necropsy. In other cases, where pulmonary tubercle and cancer of the stomach co-exist, it is the last which, though the most important, escapes observation. Lastly, this cancer may have for a consequence cancerous angioleucitis of the lungs, which betrays itself by grave symptoms, as cyanosis and dyspnoea, which prevent the cancer of the stomach from being recognized. There are, also, cases in which palpitations, dyspnoea, even pericarditis by propagation, have been considered, in persons affected with cancer of the stomach, only as the expression of a primary cardiac affection.

Some patients present gradual emaciation, progressive anæmia, a slow cachexia without manifest local symptoms, and differing much from the cancerous type of cachexia ; in these cases, we must always think of cancer of the stomach. Lastly, in some cases the cancer is multiple, and is very manifest in other parts than the stomach ; this last organ is almost always neglected in the diagnosis.

Why, then, is it that there are cancers which give rise to such slight symptoms, while others signalize their presence in so unmistakable a fashion ? It is difficult to answer this question ; it is, however, probable that their seat is in a part far removed from the orifices of the body ; the reactional state of the subject (idiosyncrasy, age, etc.), and the more or less altered condition of the mucous membrane in the vicinity of the lesion are the principal elements of the problem. However this may be, it is established that the manifestations of latent cancer are, as local symptoms, anorexia, gas-tralgia, vomiting of food or glairy mucous ; as gen-

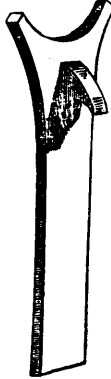
eral symptoms, œdema, local or general, emaciation, loss of power; and, lastly, as secondary phenomena, diarrhœa or constipation. All these symptoms, whether single or combined, when they occur in an obscure pathological condition, should induce careful examination of the stomach; and, in certain cases, would even warrant the diagnosis of cancer of that organ.—*Lond. Med. Record*, May 15, 1877.

### NEW DRESSING FOR FRACTURE OF THE PATELLA.

Procure the bottom and top pieces of a cigar-box, and split two pieces two inches wide, and hollow out one end of each to a semi-circle (only a little shallower.) Trim the board back of this somewhat in the shape of the handle of a paddle; take a few nails from the cigar-box, and fasten close to the hollowed end of each of these pieces a block of wood an inch long and half an inch square. Groove out the block a little on the end, away from the semi-circle, for the purpose of retaining a piece of cord in the way of a pulley. You will next procure a straight board to reach from the middle of the thigh to the middle of the calf, a roller and some lint or old muslin, and a piece of stout cord, and you will have all you will need.

First apply a thickness or two of lint or muslin to the under surface of each of your short splints, and apply one above and the other below the fractured patella, permitting the semi-lunar end to grasp its part of the bone accurately; line the long splint, and apply on back of limb; let an assistant hold them so, whilst you apply a roller from the toes to the middle of the thigh, observing as you do so that the short splints are in line on top of the limb. You will then be ready to bring the fragments together, which you will have no trouble whatever in doing, by taking a couple of turns of a stout cord around the little blocks, and drawing gently but firmly on them. Tie the cord and you are done. You will perceive that the bones are held firmly in apposition and can not readily be displaced. If you have a compound fracture, or much bruising of the soft parts, your dressing has left the whole surface open for treatment, and the straight splint allows no pressure upon the popliteal vessels, at the same time giving extension and a firm basis for fixing the short splints. Put your patient on his feet with a crutch, and send him out of doors; he need not be kept confined an hour.

I have used this dressing several times, just as



given above, and with the happiest results. If this bone can have ossific union, I think I have attained it, as I have been unable to detect either separation or ligament. In fact, this simple affair has been more satisfactory in results than any fracture dressing of any kind I have ever seen.—*Dr. Poynter in the Clinic.*

### REMOVAL OF RECTUM FOR EPITHELIOMA.

SERVICE OF PROF. AGNEW—PHILADELPHIA.

April 18, 1877.—Ellen F. presented herself at the clinic to-day, stating that about eight months ago she began to notice pain and difficulty at stool. This has gradually increased, and has been accompanied with excruciating pain, which she can only compare to the touch of a red-hot iron.

Upon examination I find a small ulcerated mass about the size of a cherry protruding from the anus. On introducing my finger into the rectum I find that it is almost occluded by a dense mass of granulation-tissue which occupies the lower two and a half inches of the rectum. On vaginal examination the posterior wall of the vagina is found slightly indurated.

From the history of the case, the appearance and progress of the disease, I conclude that it is an epithelioma of the rectum.

What can be done for the relief of the patient? This is a form of cancer which runs its course with great rapidity, so that an operation, if desirable, should be done at once.

Removal of the involved portion of the rectum in these cases is sometimes followed by great relief; but the advisability of the operation depends much upon the condition of the patient, the position of the disease, and the amount to which it has involved contiguous structures.

If situated in the lower part of the rectum, so that the dissection for its removal has not to be carried too near the reflexion of the peritoneum, if it is limited to the walls of the rectum, and the patient's life is rendered miserable by the intense pain which accompanies it, then I think its removal is justifiable as a palliative operation, and promises the patient the only chance of relief. In the case before us we have very much these conditions, except that there is a slight involvement of the posterior wall of the vagina. Her bowels having been previously opened, she will be etherized.

Being ready for the operation, she will be brought to the edge of the table, her legs supported by an assistant on either side. I shall make my first incision from the anus to the coccyx; my second incision will be made from the anus to the vagina, in the median line of the perineum;

these two incisions being connected by semicircular incisions following the verge of the anus on each side, the skin being reflected.

The bowel is then enucleated by working up in the connecting tissue around the rectum, using the handle of the scapel and finger, except where the tissues are too dense. The vessels, which are very numerous, are tied as they spring.

I now remove the diseased portions of the vagina, and having reached healthy tissue in the rectum, I bring it down and remove it.

The perineum and posterior incision being brought together by sutures, I shall stitch the edges of the bowel to the reflected skin. The ligatures, about thirty in number, will be brought out of the posterior portion of the wound.

The amount of blood lost has been less than that from the amputation of a limb.

A dressing of lint saturated with carbolized oil will now be applied, and as soon as she reacts from the ether she will be given opium enough to relieve her pain and keep her bowels quiet. Patient reacted well from ether, and has very little pain.

The patient did very well until April 23rd, when symptoms of septic poisoning set in and she died on the 25th.—*Med. Times.*

**CONSTITUTIONAL CONDITION—A GUIDE TO TREATMENT.**—Dr. Fothergill says: "It is of far greater importance to be able to estimate accurately the true constitutional condition of the patient than to be able to form a complete diagnosis of the precise seat, extent and depth of the local mischief. It is a fatal error, too often committed, to attach too much consequence to the recognition of the local malady and to attach too much importance to the character of the constitutional disturbance attending it. \* \* But if paying little attention to the local affection, except so far as its characters indicate the general type of the disease, we make the constitution of our patient our guide, and deplete or stimulate according to the state in which we find it, and thus, perhaps, treat two patients with the same disease, so far as the name is concerned, on totally opposite plans, we shall not act inconsistently, but in strict conformity with the natural condition of our patients and of his disease." His views on tubercle which are peculiarly expressed, are as follows: "Tubercle is not a strange intruder, of foreign race and blood, amidst the mild and inoffensive cell aborigines of a viscus with grim front and lowering mien—a sort of Spanish *conquistadore* exerting a destructive and malign influence on all sides and everywhere; it is the 'ne'er-do-weel' of the tissue family, the degraded 'nought-weel' of whom there is little hope of regeneration, who will scarcely ever be converted into anything

more than a harmless tax upon its blood relations, and which more frequently becomes a source of great danger to them. Tubercle is a degraded form of connective tissue, and there are various forms of degradation—some higher, some lower—but all below the standard of health. The less degraded the type, the less unfavourable the prognosis; the more degraded, the more hopeless."

**PROPERTIES OF THE HUMAN GASTRIC JUICE.**—M. Charles Richet has been studying these matters upon the person of the patient on whom Verneuil successfully performed gastrotomy. He has reached the following conclusions: 1. The acidity of the gastric juice, whether pure or mixed with food, is equivalent to 1.7 grammes of hydrochloric acid to a thousand grammes of fluid.— 2. Acidity increases slightly at the end of digestion, and is independent of the quantity of liquid contained in the stomach. Wine and alcohol increase, but cane-sugar diminishes it. 3. If acid or alkaline matters are introduced, the gastric juice tends to return to its normal acidity. 4. The mean duration of digestion is from three to four and a half hours and more. Food does not pass successively but in masses. 5. According to four analyses made by a modification of Schmidt's method, it was proved that free hydrochloric acid exists in the gastric juice. 6. It is possible to extract all the lactic acid contained in the stomach, and to prove that there is one part lactic acid to nine parts hydrochloric acid. 7. Following the method of Berthelot, that is, by agitation with anhydrous ether and deprived of alcohol, it can be shown that lactic acid is free in the gastric juice. 8. The question so long in controversy as to the nature of the free acid in the stomach seems almost solved, and it may be said that in every 1,000 grammes of gastric juice there are 1.53 grammes of hydrochloric acid and 0.43 of lactic acid.—*Lyon Medicale, May 13, 1877.—Med. Record, No. 3.*

**NUSSBAUM'S NARCOSIS.**—(*Nenes Rep. of Pharm., 1876. New Remedies, Mar. 15, 1877*). The peculiar state called Nussbaum's narcosis, produced by the subcutaneous administration of a few centigrammes of morphia, about fifteen minutes previous to placing a patient under the influence of chloroform has already been known for some time, and made use of with great benefit during operations in the mouth or in the fauces, as the full anæsthetic effects of the chloroform are preserved while the loss of consciousness is by no means complete. Still better results have lately been obtained by substituting a subcutaneous injection of a few centigrammes of muriate of narceine for the morphia. The hypodermic solution is best made as follows: 0.2 gm. of muriate of narceine are mixed with 20 gm. of distilled water in a flint or test tube; the latter is placed in a water motor and heated until the salt is dissolved.—*Detroit Medical Journal.*

A NEW PREPARATION OF IODINE (*The Practitioner*, May, 1877).—Mr. J. Crouch Christopher calls attention to a new preparation, which, he says, in his hands has proved to be more useful and to have fewer disadvantages than other remedies of like nature in more general use. It consists of twelve grains of cinchona flava, one grain and a half of iodine in the form of hydriodic acid, and one grain of protoxide of iron to a fluidrachm of liquor. The fact that the iron compound remains in the state of proto-salt (whereby its value is enhanced), and that the liquor never, either by time or exposure, becomes inky through the action of the tannin in the bark, tends to show that there is something more in this case than a mere mixing of ingredients.

The cases in which this preparation or compound has been found most useful were, for the most part, cases of secondary and tertiary syphilis, particularly those in which mercury has been lavishly used or abused,—cases in which it was difficult to determine to what extent the diseased condition was due to syphilis, to the abuse of mercury, or to a combination of both. Great benefit has been derived from its employment in cases of persistent and frequently recurring boils at a time when what may be termed a furunculoid epidemic existed.

It has been serviceable also in cases wherein it is important to give iodine in some form without incurring the risk of depressing the patient unnecessarily,—such as cases of scrofula, anæmia, and glandular enlargement. Some of these, intolerant of the officinal preparations of iodine, tolerated this, and were benefited by it.—*Medical Times Phila.*

THE TREATMENT OF TAPEWORM.—Prof. Mosler has been advocating a system of treating tapeworm which, according to a Swiss medical journal, has been attended with remarkable success. Its chief characteristic is the injection of large quantities of warm water into the colon, after the administration of the anthelmintic. The diet is first regulated, food being given which is supposed to be distasteful to the tapeworm—bilberry-tea, herrings, sour cucumber, salted meats. The intestines having been, as far as possible, emptied by laxatives, a dose of the extract of pomegranate-bark is administered, prepared from the fresh bark, and then a large quantity of warm water is injected into the rectum. The theory is that the worm, previously brought down into the colon, is prevented by the water from attaching itself to the wall, and is brought away by the liquid on its escape. It is asserted that in every case in which this treatment was adopted the head of the worm was removed.—*The Lancet*, June 23, 1877.—(*Clinic.*)

The University of Michigan has lengthened the term of lectures to nine months.

COCOA AS A FOOD FOR INFANTS.—The great advantages to be derived from the employment of cocoa in the feeding of infants, especially of the poor, are obvious, for, beside its heat-producing flesh-forming ingredients, it is cheap, simple, and readily available. A teaspoonful, more or less, of a sound preparation of cocoa to half a pint of fluid, partly water and partly milk, even skimmed milk, when boiled for a minute or two, affords a wholesome meal to a hungry infant, and will *ceteris paribus* be thoroughly digested.

To present nutriment to the infant stomach, especially before the teeth are developed, in a perfectly fluid form, I have long since regarded as indispensable to the health of a child, inasmuch as the pepsin or solvent principle does not, as in adults, seem capable of reducing solids, not even pap, to such a state of solution that the lacteals or absorbent veins can act upon it with the same energy as in after life. The consequence is that the child, though largely fed is still hungry, accumulations take place in the intestines, its limbs and body waste as much from inanition as from vitiated secretions, and the countenance assumes the canine ravenous expression of starvation and bad treatment.

I beg, therefore, respectfully to commend cocoa, as an article of infant's food, to the notice of my professional brethren.—*Wm. Faussett, Dublin Medical Press.*

REMOVAL OF THE SPLEEN.—Billroth extirpated an enlarged spleen in a woman 45 years old, the report of which appears in a recent exchange. The incision extended from a hand's breadth above to the same distance below the umbilicus, and the spleen came out readily; there were no adhesions. The gastro-splenic omentum, together with the enlarged splenic vessels, were divided into six portions by strong hempen ligatures doubled. No blood was lost in cutting away the spleen. The ligatures were cut short, drainage tubes were introduced, and the line of incision was closed with sutures. The spleen was twenty-eight centimetres long, eighteen broad, and eleven thick; its weight was 2075 grammes. For four hours after the operation the patient was very well; she then had a sudden, urgent desire to go to stool, and passed a few very hard fecal masses, suddenly grew pale, and in consequence of hæmorrhage, both internal and external. The autopsy showed that the ligatures, which were put on close to the pancreas, were all stripped off, evidently at the moment when the patient was straining at stool, at which time the pressure in the splenic vein became much increased. The professor proposes in his next case to inclose a small portion of the pancreas in the ligatures, to avoid the above accident.—*Boston Medical and Surgical Journal*

## ONTARIO MEDICAL COUNCIL.

## MINUTES AND PROCEEDINGS.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario, was held in Toronto, commencing on the 4th ult. All the members were present except Dr. Dewar, who was prevented through illness, and Dr. Hodder. The President, Dr. Clark, took the chair at 3 p.m., and addressed the Council. He expressed his regret at the illness which prevented one of the members from being present; referred to the removal of the Registrar's Rooms from the Mechanics' Institute to Old King's College in the Park—and expressed the hope that the latter building would be obtained for the permanent use of the Council. He alluded to the proposed Anatomy Act, and stated his belief that a few clauses would be all that would be required, as it was not a pleasant subject for Parliament to discuss. He had to state, moreover, that the question of Government aid had been asked, and he thought that if the matter were fairly brought before Parliament, a grant would be given to aid them in their Medical Examinations. The Veterinary College receives such aid, and aid to their Institution would, he felt sure, be also granted. He had much pleasure in stating that the question of reciprocity between medical practitioners in this country and in Britain had been considered in a very friendly way by the British Medical Council. They had evidently got to have a better estimation of the high standard of medical education in Canada.

When word had been received here that Canadian medical graduates were to be denied the privilege of acting as surgeons on the Allan line, he wrote to the Premier of the Dominion about it. Mr. Mackenzie communicated with the Board of Trade in England concerning it, and a satisfactory settlement had been arrived at. The President further said that there had been no particular business before the Executive Committee during the year, and there were in consequence few meetings of that committee. He concluded by thanking the Council for the hearty support they had given him.

Dr. Clarke and Dr. Campbell were re-elected President and Vice-President respectively. On motion, it was agreed that the standing committees be the same as last year. The credentials of Dr. Geikie as a representative

in the Council of the Trinity Medical School, were read.

Dr. Grant moved, seconded by Dr. Edwards, "That Drs. Clarke, Campbell, Morrison, Bethune, McLaughlin, and Lavell, do constitute a committee to examine the credentials, which may be presented and report to the Council. Carried.

Several petitions were received and referred to the proper committees.

## REPORT OF THE BOARD OF EXAMINERS.

Dr. Workman's report on behalf of the Board of Examiners was read. The document was a very flattering one in regard to the educational advancement of medical students. The total number of candidates who presented themselves was 194, of whom 188 passed—45 as first year's men, 63 primary, and 80 finals. The proportion subjected to oral examination was small.

Dr. Lavell, Chairman of the Committee on Credentials, reported to the following effect:—The Committee on Credentials beg leave to report that they have examined the credentials of Dr. W. B. Geikie as the representative of Trinity Medical College to this Council, and being assured that said School is separate and distinct from the University of Trinity College, and not a part thereof, recommend that the said Dr. W. B. Geikie be admitted to a seat in this Council as such representative.

This was objected to by the Council on the ground that, Dr. Hodder, the representative of the University of Trinity College, and a professor in Trinity Medical School, had not sent in his resignation, as a member of the Council. On the other hand it was urged and admitted that Dr. Geikie was duly elected, and was the legal representative of Trinity Medical School, and that Dr. Hodder's position was a separate question. After considerable discussion *pro* and *con*, it was moved by Dr. Muir, and seconded by Dr. Ross, "That one teacher of Trinity Medical School being already a member of the Council, that institution cannot, under the Medical Act, send another representative here." Carried.

The Committee appointed to draft a resolution of regret at the absence and serious illness of Dr. J. F. Dewar, reported the following:—

That it is with great sorrow we miss our zealous and courteous colleague, Dr. J. F. Dewar, from his accustomed seat at this Council. We feel we lose in his absence much wise counsel and vigorous labor in the service of our responsible duties.

The report was adopted, and a copy was instructed to be sent to Dr. Dewar.

## SECOND DAY'S PROCEEDINGS.

The Council met at ten o'clock the President in the chair. The minutes of the last meeting were read and approved.

Dr. GEIKIE appeared before the Council and claimed the right to take his seat as a member. He stated that he had been duly elected to represent Trinity Medical College. He did not know what action the Council might take with any other member, but as far as he was concerned he had a perfect right to a seat in the Council.

Dr. LAVELL moved, seconded by Dr. McLaughlin, "That the question of admitting Dr. Geikie to the Council Board be reconsidered."

Dr. BETHUNE held that the position of Dr. Hodder was now changed from what it was when he was elected. He had been chosen to represent the University of Trinity College, and not Trinity Medical School. The legality of Dr. Geikie's election he considered was beyond a doubt.

Dr. GRANT held that Dr. Geikie had been duly elected, and it was all nonsense to try to refuse him his seat. He was legally a member of the Council.

Dr. EDWARDS moved in amendment, seconded by Dr. Aikins, "That Dr. Geikie cannot take his seat in this Council as representative of Trinity School, as Dr. Hodder, a teacher of that school, is now a member of this Council." Carried.

Dr. GEIKIE rose and stated that, under legal advice, he intended to take his seat.

The PRESIDENT said he had allowed Dr. Geikie the courtesy to make an explanation to the Council, but from the resolution that had just been passed he could not recognize him as a member. If he considered he had a right to a seat in the Council he must take legal steps to prove it.

The TREASURER, Dr. Aikins, read his annual report, which was referred to the Finance Committee. The receipts for the year were \$10,519.81, and the balance on hand was \$5,208.14.

#### "RE" TRINITY MEDICAL COLLEGE.

The following letter in "re" Trinity Medical School was read.

"TORONTO, 4th July.

*Dr. Daniel Clarke, President Ontario Medical School, Toronto:*

"SIR.—We are instructed by the Faculty of Trinity Medical School to take immediate action against the Council of the College of Physicians and Surgeons of Ontario in reference to their illegal action yesterday evening in excluding Dr. Geikie from a seat at the Council Board, the duly accredited representative of the School.

"From the case submitted to us it appears that the credentials of this gentleman were examined by your Committee appointed for that purpose, who found them correct, and unanimously recommended that the representative of the same school be admitted to a seat in the Council. But notwithstanding this it was decided that the report of the Committee on Credentials be not adopted,

and that the representative of Trinity Medical College be not admitted to a seat in the Council. We understand that this decision was based upon a misconception of the effect of sec. 8 of the Ontario Medical Act, 37 Vic., chap. 30; but the Council will observe that that section simply provides that no professor or teacher in Trinity Medical School shall hold a seat in the Council as the representative of any other college or body, which is not the case under consideration. We, therefore, on behalf of the School demand the admission of their representative to a seat at the Council Board, and shall await your decision until four o'clock to-day, so as to give you an opportunity of consulting your legal advisers, whose opinion, we venture to say, will coincide with our own as to the illegality of yesterday's proceedings. Should the Council still refuse to comply with their duty in the premises, we are instructed, without delay, to take legal proceedings to compel the admission of the representative of Trinity Medical School, and also to obtain damages for his illegal exclusion. We may mention that the Council is not a Parliament, but a Board of Trustees appointed to discharge certain public duties, and that if they will fully exclude from the management of the trust, those who have an equal right with themselves to a voice in its management, their whole proceedings may be declared illegal and void.

"Will you kindly read this letter to the Council, and mention to them in the event of their refusal to comply with the demand therein contained we shall use this letter as evidence against them in the legal proceedings which we are instructed to take.

"Yours truly,

"BEATTY, CHADWICK & BIGGAR."

Moved by Dr. HYDE, and seconded by Dr. Muir, "That the President be instructed to procure legal advice in the matter." Moved in amendment by Dr. McLaughlin, seconded by Dr. Lavell, "That the letter respecting Dr. Geikie, be laid on the table." Carried.

Dr. ALLISON then moved the following resolution:—"That as the Medical Council of Great Britain at a recent meeting has signified its intention of conceding the principle of reciprocal medical registration between the colonies and the Mother Country—the recognition of which principle is hailed by this Council as one fraught with mutual advantage to the two countries—as soon as that body is empowered by Imperial statute and gives effect to said statute by the passing of a by-law or otherwise, and upon this Council receiving due notice of the same, the same reciprocal privilege be accorded to the registered graduates and licentiates of the parent country, who may desire registration in the Province of Ontario on paying the usual fees; and also that a copy of this resolution be forwarded by the registrar, duly

authenticated by the seal of this Council, to the Medical Council of Great Britain."

A discussion arose as to whether the Medical Council of Great Britain had signified its intention of conceding the principle of reciprocal medical registration, and whether the Council were justified in considering as official documents, some correspondence that Dr. Campbell, the Vice-President of the Council, had received from the Registrar of the Medical Council of Great Britain.

Dr. BERRYMAN held that the Council had no right to recognize any correspondence received by their Vice-President unless he had been authorized by the Council to procure it. He considered it a bold step for Dr. Campbell to take on himself to communicate with the English Medical Board in the name of the Council, without receiving its consent.

With the consent of the mover, Dr. Campbell made an addition to the resolution, to the effect that old country medical graduates should be allowed to practice in Ontario only those branches of medicine in which they had graduated at home.

The motion was lost on a division of 21 to 3.

Dr. ALLISON moved the following:—"That in consequence of the widespread feeling of dissatisfaction that exists among the members of the medical profession throughout the Province with the manner in which the medical examiners are annually appointed, it is hereby resolved that in future no member of the Council shall be appointed to that office, but the appointment of the medical examiners shall be made from among the qualified members of the profession outside the Council; that five of the examiners be chosen from among the members of the College of Physicians and Surgeons in the territorial divisions who are unconnected with any of the teaching bodies or schools of medicine, and the remainder from among the said teaching bodies or schools of medicine, or other qualified bodies, now or hereafter existing in the Province of Ontario."

Lost on a division of 20 to 4.

Dr. W. CLARKE moved, seconded by Dr. Grant, "That it be an instruction to the Executive Committee to obtain either from the Government, or by purchase or lease, a proper building for the meeting of this Council, subject to the ratification of the Council." Carried.

Dr. GRANT wished to address the Council on an important question. He had lately visited Chicago, Philadelphia, and Detroit, and he found the medical bodies of those places exercising a great deal of influence on public opinion, and he saw no reason why the medical profession of Ontario should not have a great influence in the body politic. At Chicago recently nine entertainments were given to the Medical Association assembled there, and at not one of these was there any alcoholic liquor allowed on the table. The medical

men of England were also doing all in their power to suppress the evils of intemperance. He thought that they should take up this important question in this place. The amount of money expended for liquors would pay for all the educational and other institutions in the Province. After some further discussion a committee was appointed to draft a resolution upon the subject.

#### REPORT OF THE REGISTRATION COMMITTEE. 7

The Committee reported as follows:—1. That after examining the papers in regard to A. Alt, they were referred to the Committee on Education.

2. Having considered the application of Dr. Forbes, of Duart, we cannot recommend him for registration.

3. With regard to the petition of Dr. Comfort, your Committee would recommend that he be allowed to register as a matriculant.

4. That your Committee cannot conscientiously recommend the registration of Drs. Whiteford and Farley without an examination.

5. Your Committee would recommend that Dr. O'Falvey, who has been twenty-two years in practice, in Ontario, and who served in the Crimean war, after having attended four courses of lectures in the Royal College of Physicians and Surgeons, Dublin, be admitted to registration.

6. Your Committee also examined the Registry Office and found everything correct and in good order. The number of students who have entered as matriculants since our last report, is 151, and the number registered as members of the College was 112. Fourteen deaths have been reported to the Registrar since last report.

The report was adopted.

The President stated with reference to Drs. Whiteford and Farley, that at the last session a bill was introduced into the Legislature allowing all Canadian graduates having additional British degrees to practice here. He did not hear of the tenor of this Bill till the day appointed for the second reading. He believed that the Bill was introduced principally for the purpose of admitting to registration Drs. Whiteford and Farley, who were influential persons in their district. Dr. Aikins, Dr. Pyne, and himself, and others at once went to the House, but were informed that there was no hope in defeating the measure. A compromise was effected by the deputation agreeing to use their influence with the Council to admit the two gentlemen to registration without examination, unless that were a formal one. He (the President) admitted that they had done wrong, but pressed by the urgency of the occasion they agreed to the compromise, and the bill was withdrawn.

Dr. Brouse said, to admit these gentlemen without examination would be to create a precedent that would destroy the influence of the Council. He suggested that the President or some one else



should plainly state the case to the two applicants, and if they were men of honour they would submit to a practical examination.

Dr. AIKINS said that the deputation did not pledge the Council to anything definite. They merely promised to use their influence with the Council to get them registered. He did not care what the Council did with the application. He had fulfilled his promise to Mr. Wills, M.P.P.

Dr. HYDE said that it was evident that the Council had not the sympathy of the profession. He failed to see the propriety of refusing to register Canadian graduates duly qualified in Britain. If the Council mounted the high horse the whole country would be against them.

#### THIRD DAYS PROCEEDINGS.

The Committee met at 10 a.m. The minutes of the preceding session were read and approved.

Dr. GRANT presented the report of the Committee appointed to draft a resolution setting forth the views of the Council on the use of alcoholic beverages. The report read as follows:—

"This Council feels that the excessive use of alcoholic beverages is decidedly on the increase in our midst. We, as representatives of the profession in Ontario, beg to assure the public that it shall be our constant endeavour on all occasions, by our exhortations and scientific explanations of the danger of such excess, to suppress it to the utmost, by our united and collective influence.—

The Printing Committee brought in their report, which was read and adopted.

#### EDUCATIONAL COMMITTEE.

The report of the Educational Committee which was adopted is as follows:—

1. That hereafter the matriculations be held on the first Tuesday and Wednesday after Good Friday, and the third Tuesday and Wednesday in August of every year.

2. That in connection with the matriculation examination a note of warning be added that the examination includes writing from dictation; and further, that correct spelling and legible writing shall be indispensable.

3. Matriculated students in arts of any University in her Majesty's Dominion will be exempted from passing the matriculation examination of the Council, only when such University Matriculation is equivalent to that of this Council.

4. That botany be removed from the matriculation and placed in the second year's examination.

5. That a three months' course of lectures on botany be required as heretofore.

6. That until June, 1878, any pupil in his matriculation examination failing to pass on botany, but passing on all the other subjects, be not considered as rejected, but required to attend the course on botany and pass on it subsequently.

7. That in the case of graduates in Arts, botany be not required where evidence is given that they have already attended a course of lectures and been examined upon it; and also, that theoretical chemistry be not required of such graduates if they produce evidence of having attended two full courses and passed an examination upon it.

8. That in the published announcement, page 12, item (b) first line, instead of the words "after this date" the precise date be inserted.

9. That in the first year's examination, the subject of anatomy of the bones of the head be omitted, and that chemistry be limited to the metalloids or non-metallic bodies.

10. That botany and the physiology of the First Year, be added to the present subjects of the Second Year's examination.

11. That descriptive anatomy as a whole form a part of the examination of the Third Year.

12. That instead of surgical anatomy, as at present, forming a part of the Third year's examination, medical and surgical anatomy be placed among the subjects of the Fourth Year's examination.

13. That at the annual examinations the percentage upon each subject required for passing be as follows: First Year 33 per cent.; Second Year 50 per cent.; Third and Fourth Years 60 per cent.

14. That at the several examinations the examiners are hereby required to make their examinations as demonstrative or practical as possible.

15. That at the examinations a period of not less than ten days intervene between the last written examination and the first following meeting of the examiners.

16. That as soon as the Legislature has made such amendments to the Anatomy Act as shall have resulted in a sufficient supply of material being available for the schools, every candidate for the final examination be required to produce a school certificate that he has attended a full course of operative surgery on the dead subject; and also, another certificate to the effect that he has himself performed on the dead subject under the eye of his teacher all the ordinary operations in surgery.

17. That as soon as abundant material is available for the Council a part of every student's final examination shall consist of dissections and operations on the dead subject.

18. That a new annual announcement be published as soon as possible after the adjournment of the Council.

The President read a summons from the Court of Common Pleas, issued against the Council for refusing to give a seat to the representative of Trinity Medical School.

Dr. LAVELL, seconded by Dr. GRANT, moved, That the President, Dr. Wm. Clarke, and Dr. Aikins, be a Committee to take legal advice in re Trinity Medical School.—Carried.

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Toronto.

A communication was read from Mr. W. H. Howland, Chairman of the Hospital Trustees, stating that—

The Toronto General Hospital Trustees have received the following large contributions towards building a fever hospital.

W. Cawthra.....	\$5,000
W. Gooderham, Sr.....	5,000
Jas. G. Worts.....	3,000
	<hr/>
	\$13,000

They had also received in smaller contributions, something over \$2,000, all of which, and very much more had gone for improvements.

They had further received considerable support from the country municipalities who had largely purchased \$50 tickets, allowing them to send in four patients for that sum.

The Trustees also invited the Medical Council to pay the Hospital a visit.

Dr. BERRYMAN moved that a select committee be appointed to draft a petition praying for certain amendments to the present Act, entitled an "Act for the Registration of Births, Marriages, and Deaths." The principal changes he wished in the present Act were that proper medical certificates as to the death of everyone should be furnished before the corpse was buried, and that better provision should be made for furnishing statistics.

Dr. BETHUNE objected to the present Act inasmuch as it allowed anyone to certify to the clerk of the municipality the cause of death. He held that the certificate of a medical man only should be valid.

#### FOURTH DAY'S PROCEEDINGS.

Council met at 10 a.m. Minutes of previous session read and approved.

The Prosecution Committee recommended the dismissal of a man named Moore, who had been prosecuting legally qualified men.

The Education Committee presented their second report, which was adopted.

1. That graduates in arts shall be required to pass the first and second annual examinations, but may pass the third and fourth at the end of the third year.

2. Pupils who are or have been required by the regulations of this Council to go up for any annual examination, and who refuse or have refused to do so, shall lose one year for each such refusal.

3. That the written portion of the next professional examination commence in Toronto and Kingston towards the end of May, 1878, the precise date to be fixed by the President.

4. That the President make all necessary arrangements for properly carrying out the examinations, and further, that he arrange that the questions submitted to candidates shall be printed, and not dictated.

5. That hereafter no rebate shall be allowed to

unsuccessful candidates at any of the examinations.

6. The primary examinations shall cease after July, 1877.

7. That attendance at a course of 25 lectures on Sanitary Science shall be required of every student, except such as have already attended two winter courses of lectures.

8. That several applications on behalf of certain persons to be exempted from examination be not entertained.

9. That tickets of attendance on lectures after July, 1877, must, in order to be valid, show the number of lectures which the student has attended, the same rule to apply to hospital students.

10. That all students of medicine having matriculated and afterwards studied with a qualified practitioner one year preceding October, 1876, be allowed to go up for the first and second years' examination in 1878, and the third and fourth in 1879.

11. That a Committee consisting of the President, Drs. McLaughlin, Campbell, and Morrison, be appointed to report to the next meeting on the whole subject of matriculation, having special reference to the Intermediate Examinations of the High Schools.

12. That, when through amendments to the Anatomy Act sufficient material would be available for dissection, pupils will be required to give evidence of having twice dissected the whole body.

13. That medical schools are recommended to lengthen their Winter Sessions, or to establish a three months spring or summer session in which to deliver the shorter courses, viz.: on Botany, Medical Jurisprudence, Sanitary Science, Microscopic Demonstrations, &c.

14. That hospital authorities are respectfully requested to make every reasonable arrangement to facilitate the hospital studies of medical students.

The PRESIDENT invited the members of the Council to visit the Lunatic Asylum and make an inspection of its working. The Council decided to accept Dr. Clarke's invitation. The members of the Council proceeded to the asylum in cabs, and after visiting the different wards and apartments, partook of an excellent luncheon provided for the occasion. The members expressed themselves as highly pleased with the neatness, cleanliness, and orderly appearance of the internal arrangements of the institution, and the kindness and urbanity of the worthy superintendent.

The Council met again at 3 p.m.

Moved by Dr. BETHUNE, seconded by Dr. Logan, that the thanks of the Council are hereby tendered to W. H. Howland, Chairman of the Board of Trustees Toronto General Hospital, and to Dr. O'Reilly, House Surgeon, for their kind invitation to visit the hospital, and the members of the Council will be happy to accept if they can find time before adjourning.

The Committee appointed to report on the visit to the Lunatic Asylum, reported as follows, which was adopted :

"That this Council would beg to tender its thanks to Dr. Daniel Clark, for the invitation kindly proffered them to visit the Toronto Provincial Lunatic Asylum, thus affording them an opportunity of investigating the details of management of this important institution, so much required for the treatment or safe keeping of a large and unfortunate part of our community. We are truly glad to see that in the extent of its buildings—the costliness of its internal appointments, our Government has shown no niggard hand in attending to the comfort and possible recovery of this unfortunate class of our fellow-creatures. We must congratulate the Government on their selection for its superintendent of our worthy colleague and President—a gentleman in whose hands such an important trust will be perfectly safe—both from the high and scientific attainments which he possesses, as well as his great urbanity and kindness of manner. We feel the more gratified in this our expression of feeling when we remember that we as a body were sponsors by our recommendation for his fitness for his responsible office. This Council would at the same time beg to express their feeling of thanks to our worthy President for his zeal and constant urbanity in his position of Chairman of this Council for the past year.

Dr. Bethune moved, seconded by Dr. Brouse, "That a new register be published before the 1st of January, 1878."

The Committee of Registration reported that they had examined all the papers in connection with the registration of the Rev. James Edgar, and were quite satisfied that he had no right to registration, and that his name be removed from the Medical Register.

#### EXAMINERS FOR THE ENSUING YEAR.

*Matriculation.*—Mr. McMurchy and Mr. S. A. Wood.

*Medicine, Medical Pathology, Diagnosis and Botany.*—Dr. Fowler, Kingston.

*Surgery, Surgical Pathology, and Microscopic Anatomy.*—Dr. McLaughlin, Bowmanville.

*Midwifery and Diseases of Women and Children.*—Dr. Workman, Toronto.

*Anatomy, Descriptive and Surgical.*—Dr. Bergin, Cornwall.

*Materia Medica and Sanitary Science.*—Dr. H. Wright, Toronto.

*Physiology.*—Dr. J. Kennedy, Toronto.

*Chemistry, Theoretical and Practical.*—Dr. Morrison, Newmarket.

*Medical Jurisprudence and Toxicology.*—Dr. Logan, Ottawa.

*Homœopathic Examiner.*—Dr. Morden, London.

On motion, the petitions of Drs. Best, Farley,

Whiteford, Henderson, and Chaffey, were referred to the Executive Committee with full power to act.

On motion of Dr. Campbell, the by-law to regulate the proceedings of the Council having passed its second reading, was also referred to the Executive Committee.

Moved by Dr. Berryman, and seconded by Dr. Wm. Clarke, "That this Council has watched with great interest the active efforts put forth by Dr. W. Brouse from his seat in the House of the Dominion Parliament in connection with the organization of a bureau of statistics—we cannot too strongly urge on the Government the importance of this enquiry—all important to the public at large, and the medical profession from a sanitary and hygienic point of view, and to the Government especially for internal statistical purposes or national polity; we trust he may not flag in his onerous but important work. Carried.

After a vote of thanks to the Senate of Toronto University for the use of the Hall for last spring's examination—to the Mayor and Corporation of Kingston, for a similar favor; to the County Council of York, and the President, the Council adjourned *sine die*.

ELECTRO-MAGNETIC PROPERTIES IN CERTAIN PLANTS.—THE *Gazette* of Nicaragua publishes some notes on a plant of the order of *Phytolacca*, which is believed in that country to possess electro-magnetic properties. When a branch is cut the hand experiences a sensation like that of a *Rumkorff* battery. Surprised at this phenomenon, the author made an experiment with the aid of a galvanometer. At seven or eight paces distance, the influence of the plant made itself felt immediately. The deviation of the needle was in the ratio of the distance; on closer approximation the movements became irregular, and finally, when the instrument was placed in the centre of the branches the rotation became accelerated. The soil underneath did not contain any iron or other magnetic metals, and there is no doubt that this quality is inherent in this plant. The intensity of this phenomenon varies during the day; at night it is almost absent; at two o'clock in the afternoon it attains its maximum, but in stormy weather its power increases. When it rains the plant withers. The author never saw birds or insects perched upon the *phytolacca electrica*.—*Med. Press and Circular*.

"It may be safely said that the physician who reads several good journals faithfully, is always two or three years ahead of him who awaits the more elaborate but tardier finish of books. Distrust the man who buys no new books and takes but one or two journals; but cut his acquaintance entirely, who is found with neither. He trifles with human life, and disgraces his profession."—*Holcomb*.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 305 Broadway, New York, and BALLIERE, TINDALL & Cox, 20 King William street, Strand, London, England.

TORONTO, AUG. 1, 1877.

## THE ONTARIO MEDICAL COUNCIL.

The late meeting of the Council, the proceedings of which are reported in another place, though in many respects an improvement on some of the former meetings, was, as usual, the scene of a good deal of wrangling.

The high-handed proceeding which resulted in the exclusion of a legally elected representative from a seat at the Board, brought out in a strong light the fact, that the Council, as at present constituted, is ruled by a few individuals, who, in this instance, have made it the cat's paw to subserve their own private feelings and interests. This action has involved the Council in an expensive law suit, which the good sense of the majority should have prevented. There can be no doubt that Dr. Geikie, as the representative of the newly incorporated Medical School, is entitled to his seat. Never before has any one so elected been excluded. The only case of exclusion, or rather expulsion, which has taken place in the history of the Council, (but which does not apply as a precedent to Dr. Geikie,) was that of Dr. Covernton, who having accepted a chair in Trinity College Medical School in 1871, was deprived of his seat in the Council as the representative of the Gore and Thames division.

The action of the Council also in reference to the promise made by the President and others to Mr. Wills, M.P.P., in order to induce the latter to withdraw his Bill last session is not very creditable, especially to those who pledged themselves to use their influence with their fellow members, but deserted their colors at the last moment. What will the medical men in the House who were cognizant of all the facts think of it? It would have been infinitely better for the Council to

have registered these two men, than have to face the House and oppose fresh legislation, which is now almost certain to be carried through. The President came before the Council and said he did wrong in making a *quasi* promise to Mr. Wills. Dr. Aikins did not go so far, but neither of these gentlemen made any great effort to influence the Council as they promised.

The amendment of Mr. Wills was for the purpose of admitting to registration without examination and *the fees*, Canadian graduates who subsequent to graduation obtained British diplomas after an extra year's study in England, and who were entitled to registration in Great Britain. We have long felt that such individuals should be admitted to registration in Ontario, without any further examination or fee. The object of the examination by the Council is to protect the public against the licensing of incompetent practitioners in medicine. In such cases as those above referred to, the public interests are thoroughly protected. Two young men matriculate and commence the study of medicine at the same time, and spend four years in its pursuit. At the end of that time they both take the M.D., in some Canadian University. One of them goes before the Council Board, obtains his license, and settles down in practice. The other goes to England, spends a year in some of the large metropolitan hospitals, passes a rigid examination, and obtains a British diploma, entitling him to registration in Great Britain. On the return of the latter to Canada, he asks to be registered, but the Council refuses to yield him the slightest consideration, and insists upon his passing an examination to satisfy the Board that he is as well qualified to practice as his comrade who passed the year before, with much less experience so far as the practical part of his profession is concerned.

Many of the regulations passed at the late meeting are exceedingly arbitrary, and some of them *ultra vires*. The regulation requiring the students to remain in Toronto until the end of May before they are allowed up for examination, is exceedingly harsh, and wholly unnecessary, entailing great expense and loss of time upon the young men, many of whom can ill afford it. The regulation regarding matriculants in arts, is in direct opposition to the Act, and must therefore become a dead letter. Of course no harm is done in this case; but the

time of the Council is frittered away making regulations one year which are upset or replaced by something equally crude the next. This constant tinkering and changing of the regulations is quite confusing even to members of the Council themselves, and yet they expect young and inexperienced students to follow them through all their gyrations, and if not able to do so, they must pay the penalty by being put back a year in their studies. It would be greatly to the interest and credit of all concerned, if a little more time were given to such deliberations, and if the Council would weigh the changes in the curriculum a little more carefully before adopting them, as cut and prepared for them, by one or two individuals much given to the tinkering business. For example, Botany formerly among the subjects of the first year's examination was last session, placed among the subjects of Matriculation. This year it is taken from the subjects of Matriculation and put in the second year's professional examination. Where it may be placed next year, by the whims of the law-makers, it is impossible to forecast.

It is every year becoming more apparent that the Council does not fairly represent the profession, and we hope soon to see some radical changes in its constitution. We trust that some of the medical men in the Legislature will bring in an amendment giving, among other things, each territorial division *two* representatives instead of one. After 1879, the five representatives at large of the old Eclectic body retire, so that the change herein proposed will only add *seven* members to the Council.

#### UNWHOLESOME AIR IN BEDROOMS.

Many persons complain of always getting up tired in the morning. This is very often due to defective ventilation of the bedroom, or from using an undue amount of bed-clothes and bedding. Feather beds are too soft and yielding, and partially envelop the sleeper, thus producing profuse perspiration. The habit of lying too much under blankets is also very pernicious, by reason of the carbonic acid gas exhaled by the sleeper being respired. Again it is a common error to suppose, that by simply opening a window a little at the top, a room can be ventilated. People forget that for proper ventilation, there must be an inlet and

an outlet for the air. In bedrooms there is often neither, and if there is a fireplace, it is generally closed up. Again it is a mistake to suppose that foul air goes to the top of a room. Certainly the heated air goes to the top, but the chief impurity, the carbonic acid, falls to the bottom. There is nothing so efficacious in removing the lower strata of the air, as the ordinary open fireplace, especially if there is a fire burning. The usual defect in ventilation is the want of a proper inlet for the air. If the window be open, the cold air, being heavier, pours down into the room, causing draughts; if the door be open or ajar, the same thing occurs. The perfection of ventilation may be obtained in any room with a fireplace, by simply providing proper inlets for the air. By means of upright tubes, the heavier external atmosphere ascends vertically through the tubes like the jet of a fountain, displacing the warmer and lighter atmosphere of the room which finds exit in the chimney. The tubes should communicate with the outer air on a level with the floor, and should be carried vertically upwards in the room for about four or five feet. A constant supply of fresh air is thus insured without the slightest liability to draughts, as the current goes directly upward until it strikes the ceiling. It is then diffused downward, mixed with the heated air of the ceiling. The same principle can be carried out in any room with a sash window, by cutting out two or three holes an inch wide and three inches long, in the woodwork of the upper sash, where it joins the lower one. The columns of air ascend directly upward, just inside the window, and unite with the heated air in the upper part of the room. If this system were universally carried out, we should hear less of rheumatism, and chills caught by sitting in draughts.

Persons should also cultivate the faculty of detecting sewer gas in houses. Typhoid fever is often caused by the escape of this gas into the house through defect of the traps and drains. However bad the drains may be outside of the house, there is little to fear, provided the gas can escape externally. The following two very simple precautions would naturally diminish the causes of typhoid fever. First; every main drain should have a ventilating pipe carried from it, directly outside of the house, to the top of the highest chimney, (or if there is a fire burning), better, into it. Secondly; the soil pipe inside the house should be carried up through the roof, and be open at the top.

## PUTTING ON THE CAP.

In a late issue of the LANCET we remarked that there were too many Medical Schools and Medical Journals in Canada, and pointed out the evils likely to result from the establishing of school organs. We also alluded to the fact, that in some medical schools mere boys were appointed professors. Our remarks seem to have touched a tender spot, although no allusion was made to any journal or medical school in particular. Our contemporary, the Ogden-Zimmerman *bantling*, as the editor christened it, (see Vol. I No. 1) and the organ of the Toronto School of Medicine, finding our remarks applicable, has put on the cap, and drawn it so tightly over its eyes that it cannot see the inconsistency of its position. We are sure our statement has the endorsement of every medical man in the country, when we repeat that there are too many medical journals and medical schools in Canada, in proportion to the requirements of the medical profession and the public, and that the publication of journals as organs of medical schools and societies should not be encouraged. Our contemporary claims not to be the organ of "any school or branch of the profession," although conducted entirely by members of the staff of the Toronto School of Medicine. If proof were wanting to show that it really is a "school organ," it will be found in the fact, that almost the entire editorial of the number alluded to, is devoted to school matters, instead of the discussion of subjects of general interest to the profession. The allusion to our having accepted an appointment in a medical college at an early age, is very silly. We were finding fault with the authorities for appointing so many young and inexperienced men on the medical faculties, and not with the young men for accepting such tempting offers. There was, therefore no inconsistency in our position. With regard to the authorship of a book, it is quite unnecessary to say anything further than that any person is at liberty to write a book whether connected with a medical school or not, and those who disapprove of it, need not read it, nor recommend it to their friends. The book (Fulton's Manual of Physiology) to which allusion is made, however, has been read by students in all the medical schools, which is a great deal to be said in its favor, where so much is done to belittle one's rivals. We have no doubt that the success

of both the author and the book is a thorn in the side. We do not understand the allusion to the untimely end of *two* schools. Victoria, we know, is dead, and if it is meant that because Trinity College Medical School has changed its name to Trinity Medical School, it has come to an untimely end, (and we have no doubt the wish is father to the thought) no greater mistake could take possession of the mind of our contemporary. Trinity Medical School has taken a grand step forward, and the organ of the Toronto School of Medicine will have to do a considerable amount of grinding, before the latter will be able to make any headway against the ever-increasing success of the Trinity Medical School. We can assure our cotem. that we have every confidence in the realization of "What Darwin says about the 'survival of the fittest,'" both in regard to medical journals and medical schools, and we also agree in the statement that "age does not always give discretion nor grey hairs wisdom." We apologize to our readers for having trespassed this much on their patience by alluding to a subject in which they can have little interest, and shall take no further notice of such matters, but endeavour, in the future as we always have done in the past, to carry out the end for which the LANCET was inaugurated, that of being the organ of the profession in the Dominion, and allow our contemporary to play the hedge-sparrow to its heart's content.

## THE CANADIAN MEDICAL ASSOCIATION.

The next meeting of the Canadian Medical Association, will be held in the City of Montreal, on the 12th of September next, and it is looked forward to as likely to be one of the most interesting gatherings the Association has ever held, as the names of the gentlemen upon the several committees, and from whom reports and addresses are expected, are such as to guarantee the various subjects being dealt with in the most exhaustive and masterly manner. Very much, too, may be expected in the address from the able President, Dr. Hingston, than whom no one is better able to shed lustre on the position he holds, or more light upon the subject with which he may be expected to deal. Being a surgeon of the highest standing, we may expect, that advanced surgical science will receive

special attention. He is also a physician of eminence, and as such will not be shortcoming in his intimacy with, and comments upon the pathological and therapeutical progress being made by the profession. His will be the duty of sifting the chaff from the wheat of recent contributions to medical and surgical science, and from him may be expected a well considered digest of "winnowed" opinions.

It is to be hoped, that the meeting may be very numerously attended by members of the profession from all parts of the Dominion, not only because of the mutual advantage which must result from a free interchange of thought on interesting medical subjects, and the advantage that must be gained from being brought into contact with the leading minds in the profession, but also there will thus be afforded an excellent opportunity of visiting the great metropolitan city of the Dominion, with its many objects of interest and pleasure. The hospitality also of the people of Montreal is known to be unbounded, and the members of the profession there, are not one whit behind the people. Hoping that, like the meetings of the British Associations for the advancement of science, this may prove a gathering of earnest workers for the advancement of medical science. We wish it all success, and look forward hopefully to the good results that may follow.

Several papers are expected from able members of the Profession, in the Province of Quebec. We have yet learned of only one paper forthcoming from this Province. We trust, however, that Ontario may not be behind in this respect, but may carry with her a basket laden with the choicest fruits of her observation and experience, which should be such as to give her first place in this, as in other respects, in the Dominion.

The Maritime Provinces are sure to be well represented, both as to men and contributors. Thus, may we hope that this meeting may prove a step in advance of all its predecessors in numbers and interest.

**PNEUMONIC FEVER.**—Dr. Flint, of New York, seems to regard inflammation of the lungs as more a fever than an inflammation, and that the inflammation is a local manifestation similar to what occurs in the solitary glands in typhoid fever. He proposes to call it "pneumonic fever."

**ADULTERATION OF MILK.**—The public analysts that were appointed in accordance with the provision of the act, which came into effect last March, made the analysis of numerous specimens of milk, in different cities, and in all, it was found to be adulterated, chiefly with water. We have not yet seen the report of the gentlemen appointed in Quebec and Halifax, but Dr. Ellis of Toronto and Dr. J. Baker Edwards of Montreal, have presented their reports some time ago. Both these gentlemen found considerable quantities of water present in a large per centage of the samples of milk they analysed. In some instances common salt was also added to the milk, in the proportion of about 2 to 3 per cent., to the average of about 20 per cent. of water. Some of these milkmen may be so ignorant as not to know that they may be actually starving some poor innocent babe whose little life depends upon the milk they supply, but they do know that they are acting wrongly and rendering themselves amenable to the law.

**DEATH FROM CHLOROFORM.**—The death of a woman while under the influence of chloroform took place in the Toronto General Hospital a short time ago. She was about to undergo an operation for the removal of an abnormal growth from the os uteri and after the administration of about 2 drachms of chloroform, she commenced to vomit, turned suddenly pale, the heart ceased to beat and respiration stopped; every means was used to resuscitate the patient without success. A *Post mortem* examination revealed fatty degeneration of the walls of the right ventricle of the heart. About 9 months ago, chloroform was administered to complete anæsthesia, without producing any unfavourable symptoms.

**ELIXIR OF PHOSPHATES AND CALISAYA.**—We have on more than one occasion called the attention of the profession to this preparation, and if we do so again, it is because we are more than ever convinced of its excellence. This preparation is manufactured by T. B. Wheeler, of Montreal, and has been in use by the profession for some time past. It is no new and untried remedy, but one which has proved itself worthy of confidence, and on which the practitioner may safely rely in the treatment of convalescing patients, and all diseases attended with weakness of the nervous and muscular system.



**SUGAR-COATED PILLS.**—Messrs. Wm. R. Warner & Co., of Philadelphia, manufacturing chemists, recently furnished the medical department of the Egyptian army with a large supply of sugar-coated pills, for use in the army, and Dr. Edward Warren, (Bey,) Surgeon-in-Chief, wrote that the pills were "portable, indestructible, and yet most potent in their operation; they were easily and safely carried throughout every portion of Northern and Equatorial Africa." The same firm has just received an order by cable for two hundred thousand quinine drageés (sugar-coated pills) for use in one of the large government hospitals in Rome, Italy.

**A NEW MATERIAL FOR DILATING THE OS UTERI.**

—The root of the Tupelo tree, a species of *Nyssa*, indigenous to the United States, is now being used very successfully for dilating the os. The roots when dried become very much reduced in size and light as cork. The fibre is fine grained, and capable of being made very smooth, and therefore easily introduced. They absorb water readily and swell up to their original size. It is superior to sea-tangle in absorbing power, and does its work more readily.

**AMPUTATION AT THE JOINT.**—A correspondent asks if it is proper to amputate at a joint, and if so, is it necessary to remove the articular surface in so doing? Amputation at a joint is in many cases to be preferred to an operation above or below, and is quite *en regle*. It is not necessary to remove the articular surface, unless another portion of bone is to be brought up to it for union, as, for example in Pirogoff's operation.

**PLEASING INCIDENT.**—Dr. Chamberlain, of Frelighsburg, Que., who has been one of the Governors of the College of Physicians and Surgeons of Quebec since 1847, and who is now 50 years in practice, was presented by his confreres by a series of resolutions, which were ordered to be engrossed, congratulating him on his uniform courtesy, efficiency, and integrity, and his zeal for the welfare of the institution with which he was connected. We are always pleased to see and note these kindly manifestations of good will among our medical brethren toward each other.

**THE NEW LIVER MICROSCOPE.**—We have just received one of the "Liver" Microscopes,

manufactured by G. S. Wood, of Liverpool, Eng., and are highly pleased with it. This microscope which is of excellent make and finish, is not put forward as a *cheap* instrument in the ordinary sense. It is intended chiefly for medical men and students, and will be found well suited to their requirements. The object glasses 1 inch and  $\frac{1}{4}$  inch are equal to any we have ever used. The  $\frac{1}{4}$  inch is more than sufficient to display with distinctness, all the ordinary objects required by the student and general practitioner. It retains well its defining power with sufficient working distance, and is capable of resolving the ordinary tests sharply and well.

**THE GENEVA INTERNATIONAL MEDICAL CONGRESS.**—The International Medical Congress this year takes place at Geneva, September 9-15th. Drs. Lebert, Zahn, Esmarch, Ollier, Marey, Broadbent (of St. Mary's Hospital, London), Vogt, Warlomont, and many other well-known physicians, propose to take part in the proceedings.

**SULPHATE OF ZINC IN CHOREA.**—Dr. Dickerson, in the *London Lancet*, recommends the sulphate of zinc as the remedy *par excellence* in chorea. Give a grain three times per day, and gradually increase the dose until fifteen or twenty grains are reached. If sufficiently diluted it will, he says, caused no sickness, but the nervous jactitation will cease.

**SALICYLIC ACID.**—It has been ascertained that salicylic acid possesses a strong affinity for the calcareous salts of bone, so that its free and prolonged use would tend to caries and necrosis.

An exchange says, "9 beats of a healthy pulse represents 10 seconds." There must be some mistake; 72 per minute being the average healthy pulse, it would require 12 beats to represent 10 seconds.

**HONORS TO A CANADIAN.**—Dr. F. LeM. Grasset, of Trinity Medical School, Toronto, has recently been elected to the F.R.C.S., Edin., on motion of Prof. Lister.

**ELECTION TO THE SENATE OF TORONTO UNIVERSITY.**—Dr. J. Fulton, editor of the *Canada Lancet*, has been elected to the Senate of Toronto University, as the representative of Trinity Medical School.

APPOINTMENTS.—J. C. Mitchell, M.D., of New-  
ton, to be an Associate Coroner for the United  
Counties of Northumberland and Durham.

R. McDonald, M.D., of Hagersville, to be an  
associate coroner for the County of Haldimand.

### Books and Pamphlets.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE, by  
Dr. H. Von Ziemssen, Vol. XV., on Diseases  
of the Kidneys, by Professors Bartels of Kiel,  
and Ebstein of Goettingen. New York: W.  
Wood & Co.

THE SOUTHERN SIDE: OR ANDERSONVILLE PRISON,  
with an Appendix showing the number of  
prisoners that died at Andersonville, the causes  
of death, &c., by R. R. Stevenson, M.D.,  
formerly Surgeon in the Confederate Army.  
Baltimore: Turnbull & Bros.

This book which is well written, is interesting  
both as a historical work and a statistical one from  
a medical point of view. It is well printed, and  
neatly bound. The author practised his profession  
for some time in Nova Scotia.

THE QUESTION OF REST FOR WOMEN DURING  
MENSTRUATION, by Mary Putnam Jacobi, M.D.,  
New York, being the Boylston prize essay of  
Harvard University for 1876. G. P. Putnam's  
Sons. Toronto: Hart & Rawlinson. Price \$3.

The above essay is worthy the attention of all  
those who are interested in the social advance and  
higher culture of women. Great labor has been  
bestowed upon the work in the way of obtaining  
statistics, comparing facts and analyzing the mate-  
rial gathered together bearing on the subject.  
Forty-six per cent. of the women from whom she  
obtained statistics suffered more or less pain dur-  
ing menstruation, due in many instances to patho-  
logical conditions. The conclusion she reaches  
is, "that there is nothing in the nature of men-  
struation to imply the necessity, or even the desir-  
ability, of rest during that period, for women whose  
nutrition is really normal."

THE CURE OF RUPTURE, REDUCIBLE AND IRRE-  
DUCIBLE; also of Varicocele and Hydrocele, by  
New Methods, by George Heaton, M.D. Bos-  
ton: H. O. Houghton & Co. Toronto: Wil-  
ling & Williamson. Price \$1.50.

The author's plan for the cure of reducible her-  
nia is by what is called "tendinous irritation,"

which is accomplished by the hypodermic injec-  
tion of an irritant in the canal. The substance  
used is a solution of quercus alba, made by dis-  
solving 14 grains of the solid extract in half an  
ounce of fluid extract. "A small amount of the  
irritant should be placed in the extreme upper  
portion of the canal, so as to operate upon the  
fibres embracing the internal abdominal ring."  
Owing to the presence in the upper part of the  
canal of a few muscular fibres of the internal ob-  
lique, the sensitiveness to irritation here is extreme,  
and the slightest amount of material produces all  
the effect that is usually desirable. This is fol-  
lowed by thickening and consolidation of the tis-  
sues around the opening. In large herniæ the  
author sometimes substitutes a paste made of the  
solid extract, which is introduced by an appropriate  
instrument. In many cases the operation requires  
to be repeated several times. The treatment of  
irreducible hernia consists in converting it into  
the reducible form, and then adopting the same  
line of treatment as above mentioned. The chap-  
ter on Varicocele offers nothing that is novel. In  
the treatment of Hydrocele, the author introduces,  
into the sac, powder of *red precipitate* instead of  
tincture of iodine.

SULPHUROUS ACID IN CHRONIC URTICARIA.—  
J. V. Shoemaker, A.M., M.D., in the *Medical and  
Surgical Reporter*, May 26th, relates a case of this  
trouble in which he tried all the remedies likely to  
benefit his patient, among which were alkaline and  
vapour baths. Different remedies were tried with-  
out success, until finally the patient was placed  
upon one-drachm doses of sulphurous acid in  
syrup and water three times daily. The patient  
speedily recovered,—*Practitioner*.

### Births, Marriages and Deaths.

On the 13th ult., at Cumberland, the wife of Dr.  
James Ferguson, of a son.

On the 10th July, John Stalker, M.D., of Har-  
wich, to Helena Ross, youngest daughter of H. R.  
Archer, of Newbury.

On the 10th ult., R. C. Butler, M.D., Kirkfield,  
to Clara L. Burton, youngest daughter of John  
Burton, Esq., Barrie.

On the 19th ult., N. Agnew, M.D., to Jane,  
relict of the late E. McEwen, Barrister, Kingston,  
both of Toronto.

At Belleville, on the 4th ult., E. G. Henderson,  
M.D., suddenly, aged 68 years.

At Kingston, on the 4th ult., H. A. Betts, M.D.,  
aged 68 years.

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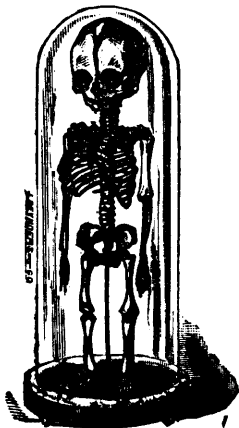
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Medical Jurisprudence and assistant Lecturer on Surgery.

**HOSPITALS.**—The Toronto General Hospital has an average of 150 patients in the wards, who are visited daily by the medical officers in attendance. Toronto being the great railway and manufacturing centre of Ontario, accidents requiring operation are of frequent occurrence. The attendance of out-door patients daily is also very large, and thus abundant opportunities are enjoyed by students, for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases, and the Diseases of Women and Children.

**THE BURNSIDE LYING-IN HOSPITAL.**—This Hospital has recently had its staff largely increased, and will afford special and valuable facilities for the study of practical midwifery. Arrangements are now being perfected for the amalgamation of its management with that of the Toronto General Hospital, and a new building, close to the Hospital and to the School, will be at once erected, which will be very convenient for students attending its practice.

**CLINICAL TEACHING.**—No pains will be spared in imparting daily clinical instruction in the spacious wards and theatre of the General Hospital, and every opportunity will be given students of seeing for themselves, with the members of the Hospital Staff, all interesting cases—Medical and Surgical.

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**FEES FOR THE COURSE.**—The Fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, and General Chemistry, \$12 each. Practical Anatomy, \$8; Practical Chemistry with Toxicology, \$3, Medical Jurisprudence, \$7; Clinical Medicine and Clinical Surgery, \$6 each; Botany, \$5; Registration Fee (Payable once only), \$5. Fee for the Special Course on Microscopic Anatomy, \$5. Students are free in all the regular Branches after having attended the School during two full courses. Special arrangements have been made for gentlemen desiring to enter this School, who may have attended two or more courses of Lectures in other recognized Schools or Universities. Dental and other casual students can attend any course or courses of Lectures in this Institution on paying the usual fees for the same.

**HOSPITAL FEES.**—The Toronto General Hospital, \$10 for a perpetual ticket; the Lying-in-Hospital, \$5 for six months. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships Certificates of Honor, Graduation, &c., will be given in the annual announcement for which apply to

**E. M. HODDER, Dean.**

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

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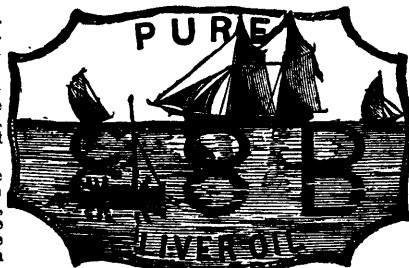
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void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

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- FIFE FOWLER, M.D., L.R.C.S., Edin., Prof. of Materia Medica and Registrar of the Faculty.
- HORATIO YATES, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
- MICHAEL LAVELL, M.D., Prof. of Obstetrics and Diseases of Women and Children.
- MICHAEL SULLIVAN, M.D., Prof. of Surgery and Surgical Anatomy.
- ALFRED S. OLIVER, M.D., Prof. of Institutes of Medicine and Sanitary Science.
- N. F. DUPUIS, M.A., F.B.S., Edin., Prof. of Chemistry, and Practical Chemistry and Botany.
- THOMAS R. DUPUIS, M.D., Prof. of Anatomy.
- KENNETH N. FENWICK, M.A., M.D., M.R.C.S., Eng., Prof. of Medical Jurisprudence.
- D. P. LYNCH and JAMES McARTHUR, Associate Demonstrators of Anatomy.

The next winter Session begins on the 1st Wednesday of October, 1877. Students attending this College may obtain either the degree of M.D., or the License of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges. The College building, which is being newly fitted up, is commodious and convenient. Unequaled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

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The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

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## SESSIONS OF 1877-78.

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

THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

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

### Faculty:

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

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

### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

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

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

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

### Fees for the Regular Session.

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

### Fees for the Spring Session.

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

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

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

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

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"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-Spasmodic and Sedative. I have tried it in Consumption, Asthma, Diarrhœa, 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."

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

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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."

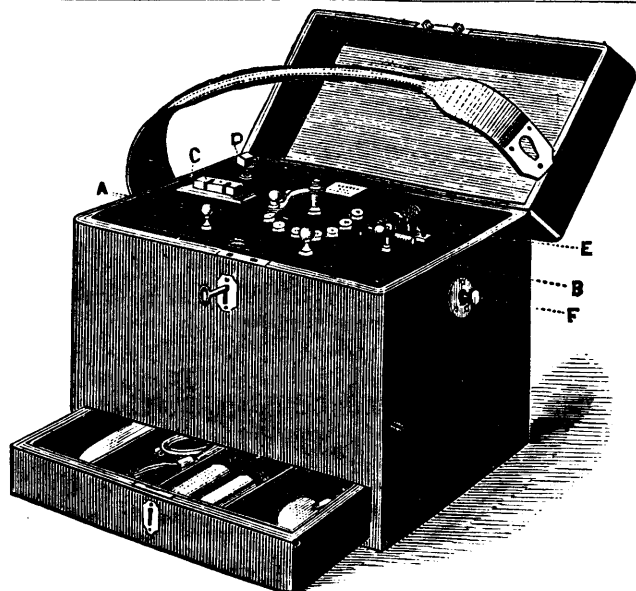
Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

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

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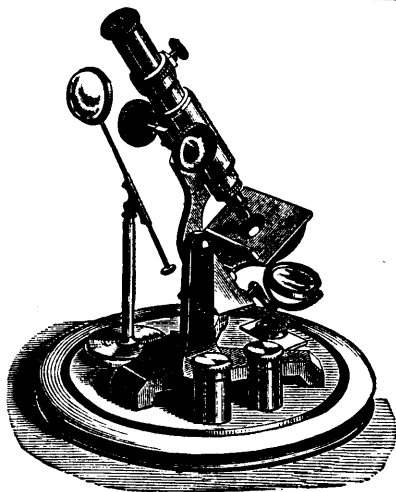


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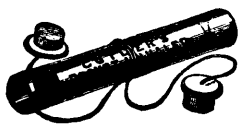
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In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anæmic women, and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

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