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In the various forms of Dyspepsia, resulting in impoverished blood and depraved nutrition, in convalescing from the Zymotic Fevers, Typhus, Typhoid, Diphtheria, Small-pox, Scarletina, Measles, in nervous prostration from mental and physical exertion, dissipation and vicious habits, in chlorotic anæmic women, in the strumous diathesis in adults and children, in malarial diseases, after a course of quinia, to restore nutrition, in spermatorrhœa, impotence and loss of sexual orgasm, it is a combination of great efficacy and reliability, and being very acceptable to the most fastidious, it may be taken for an indefinite period without becoming repugnant to the patient. When Strychnine is indicated the Liquor Strychnine of the U. S. Dispensatory may be added, each fluid drachm of the solution, to a pound bottle, making the 64th of a grain to a half fluid ounce of the Elixir, a combination of a wide range of usefulness.

The chemical working of the formula is peculiar to the originator, and the various imitations and substitutes offered by druggists will not fill its place.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age one dessertspoonful from two to seven, one teaspoonful.

Prepared by T. B. WHEELER, M.D., MONTREAL, D.C.



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Naso-Oral Respirator,

As devised by Dr. G. Hunter McKenzie, Edinburgh,
For the Antiseptic Treatment of

Phthisis, Bronchitis, etc.,

See articles in January number of "Canada Lancet, 1882, by Dr. Philip, of Brantford, on "Antiseptic Treatment of Phthisis, etc.," also, "Braithwaite's Retrospect," January, 1882, by Dr. Coghill, Physician to the National Hospital for Consumption; by Dr. Williams, Physician to the Royal Southern Hospital, Liverpool, and others.

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THE CANADA LANCET.

VOL. XV.

TORONTO, JANUARY, 1883.

No. 5.

The Inebriates' Home, Fort Hamilton, N.Y. INCORPORATED 1866.

A Hospital for the treatment of Alcoholism and the Opium Habit.

Visiting Physician, LEWIS D. MASON, M.D.; Consulting Physician, T. L. MASON, M.D.

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Chartered by Commonwealth of Massachusetts.

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Reference, by kind permission, to Charles O'Reilly, Esq., M.D., (Toronto.)

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New Hypodermic Syringes!



These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxidation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the Syringe.

Syringes Nos. 2, 3 and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

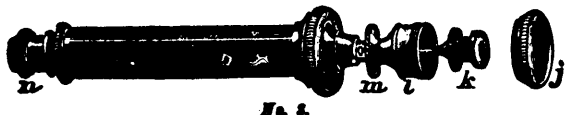
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

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These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to other Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

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| No. 7 or No. 9, with two steel unplated needles, either..... | 2.50 | | .02 |
| No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case..... | 12.00 | | .02 |
| No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut). | | | |



As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in neat case..... \$3.50 Postage .02

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<p>PUT UP —IN— 1 lb. Cans 5 " 10 " 25 " 50 " 100 "</p>	<p>REGISTERED</p>  <p>TRADE MARK</p> <p>Unguentum Petrolei</p> <p>Prepared by E. F. Houghton & Co. Philadelphia U.S.A.</p>	<p>SAMPLES furnished on application. — THE POST OFFICE LAWS FORBID anything of an oleaginous nature being sent through the mail.</p>
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In chemical composition, Cosmoline [Unguentum Petrolei] is an oleaginous hydrocarbon, corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of formula C₁₈H₃₄ & C₁₆H₃₂. It contains but a small percentage of the paraffines and olefines, corresponding to the formula C₇H₁₆ and C₇H₁₄, respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification, no acids, alkalies, or other chemicals are employed, and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, an unctuous feel and a slightly tarry taste.

Cosmoline [Unguentum Petrolei] melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

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ALFRED C. POST, M.D., LL.D.,

Emeritus Professor of Clinical Surgery in the University of New York, Visiting Surgeon to Presbyterian Hospital, etc.

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Gentlemen—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline [Unguentum Petrolei], was first brought to my notice while I was a Resident Physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for Carron oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last five years I have used the plain Cosmoline, both in hospital and private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a very good combination, but the rose-scented Cosmoline is beyond all question, a work of art, which cannot be too highly commended. I have the honor to be,

Very respectfully, yours,

FRANK WOODBURY, M.D.,
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I have for a number of years made extensive use of Cosmoline [Unguentum Petrolei] and consider it a most valuable article for surgical purposes. Either as a dressing by itself, or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

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Yours truly,
JOHN V. SHOEMAKER, A.M., M.D.,
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

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206 West 34th Street, New York.

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NESTLE'S MILK FOOD.

Trade  Mark.

ITS PREPARATION AND VALUE FOR INFANTS.

Preparation.—For an infant under three months mix one teaspoonful of the Food with ten of hot or cold water, hold over the gas, lamp, or stove with constant stirring, until it has boiled two or three minutes. Cool to about blood heat, and give in feeding bottle. For a child three to ten months old, mix in proportion of eight of water to one of Food. For a pap in proportion of five of water to one of Food.

Value.—Containing only Milk, Wheaten Bread Crust, and Cane Sugar (as stated in No. 1), this Food supplies all the elements necessary for complete alimentation in the most easily assimilable form; the milk furnishing casein, albumen, hydrates of carbon and sugar of milk, while the wheaten bread crust supplies nitrogen, and is especially rich in saline matter, particularly in potash salts, mainly in the form of Phosphates, and carbon is obtained from the cane sugar. It makes pure blood, firm flesh, hard muscle, and tough bone. It is a sure preventive of summer complaint, and by its use the bowels can be kept in just the state desired. The simplicity of its preparation, and the uniformity obtained are two points the value of which cannot be overestimated.

Particular Attention.—We do not claim that this Food will agree with all children; we do not think that any artificial food will ever be made which will do this, as nature sometimes fails, a mother's milk not agreeing with her own child. We only claim what has been proved by its use for fifteen years past, that it will agree with a larger proportion of children than any other artificial food.

We shall shortly address you with reference to this Food as a substitute for woman's milk and cow's milk.

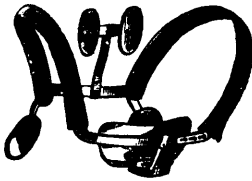
A pamphlet by Prof. H. Lebert, of Berlin, giving full particulars of the Food, sent to any address on application to

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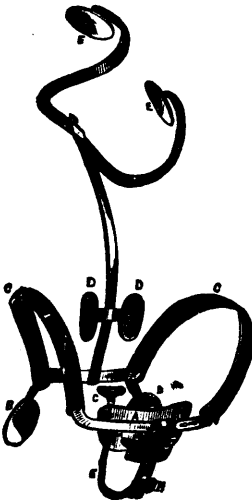
For a perfectly pure condensed milk, free from starch of any kind, try **Nestle's**.

Fig. No. 13 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.
FIG. 3.



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



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

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report to the Medical Journals and to us that cases of

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

Yield Readily to our System of Support.

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

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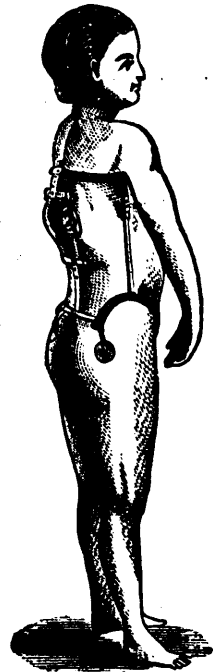
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NO OTHER OFFICE OR ADDRESS.

Send for our Descriptive Pamphlet.

FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES
1st. Around the body, two inches below the tips of hip bones.
2nd. Around the chest, close under the arms.

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

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

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PARVULES

SMALL DOSES FOR FREQUENT AND
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Parvules are a new class of medicines (minute pills) designed for the administration of remedies, in small doses frequently repeated, to children and adults; it being claimed by many practitioners that small doses given at short intervals exert a more salutary effect.

The efficiency of Parvules and the avoidance of cumulative effect depend on their ready solubility and our mode of preparation.

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ACIDI TANNICI.....1-20 gr. Med. prop.—Astringent.	HYDRARG. BI-CHLOR....1-100 gr. Med. prop.—Mercurial, Alterative.
ACONITI RAD.....1-20 gr. Med. prop.—Narcotic, Sudorific.	HYDRARG. cum CRETA....1-10 gr. Med. prop.—Alterative.
ALOIN.....1-10 gr. Med. prop.—A most desirable cathartic.	HYDRARG. IODID.....1 20 gr. Med. prop.—Alterative.
ALUMINIS.....1-10 gr. Med. prop.—Astringent.	HYDRASTIN.....1-20 gr. Med. prop.—Tonic, Astringent.
AMMONII CHLORIDI.....1-10 gr. Med. prop.—Diuretic, Stimulant.	IODIFORMI.....1-10 gr. Med. prop.—Alterative.
ANTIMONII ET POTASS. TART.....1-100 gr. Med. prop.—Expectorant, Alterative.	IPECAC.....1-50 gr. Med. prop.—Emetic, Expectorant.
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BELLADONNÆ FOL.....1-20 gr. Med. prop.—Stimulant, Diaphoretic, Diuretic.	OPII.....1-40 gr. Med. prop.—Narcotic, Sedative, Anodyne.
CALOMEL.....1-20 gr. Med. prop.—Alterative, Purgative.	PHOSPHORUS.....1-200 gr. Med. prop.—Nerve Stimulant.
CAMPHORÆ.....1-20 gr. Med. prop.—Diaphoretic, Carminative.	PIPERINÆ.....1-20 gr. Med. prop.—Tonic, Antiperiodic, Carminative.
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WILLIAM R. WARNER & CO. PHILADELPHIA AND NEW YORK.

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Letters from prominent Medical Practitioners.

“Although a practitioner of over forty years, I think I may feel privileged to express my great pleasure and appreciation of the new class of remedies prepared by you called “Parvules.” I regard them the greatest improvement in modern medicine, and I could scarcely practice my profession without them, as they are so handy, so convenient and easily taken by children and adults. Their most important quality is their unvarying and *reliable* strength and efficacy. I can obtain with a grain or less of Calomel, with a grain or less of Aloin, and with a grain or less of Podophyllin, divided respectively into the tenth, twentieth or fortieth of a grain, in “Parvules” all that I could desire in most cases, and in a more satisfactory manner than in the usual form. I have used successfully a “Parvule” of one-fiftieth of a grain of Sulph. Morphia repeatedly for two or three hours, and have relieved pain without the least nausea or vomiting in patients that could not bear opiates in any other form; I do not know what to attribute this to, except the peculiar mode of preparing the “Parvules” as they are so readily dissolved and absorbed after being taken, and in indorsing them I must disclaim any favoritism or sympathy with Homœopathy; a Parvule given every hour it will be seen is not Homœopathy, in theory or practice. I usually give two Parvules of Calomel every hour until six or seven doses are taken, and the result is the same as with ten grains of the same, without the embarrassing effect. I give four or five Parvules of Aloin, the effect is the same as four or five Cathartic Pills, also with the Podophyllin Parvules; they will relieve habitual constipation, derangement of the liver and digestive organs, if given, one or two, three times a day.

I have no doubt that every practitioner who will use these “Parvules” will find the same results which convinced me of their importance and convenience. I have no other medicine chest in my daily rounds, than my pocket case of Parvules.”

REAVILLE, N. J.

GEORGE P. REX, M. D.

“I received the sample of your Parvules and I take great pleasure in saying that I regard them as the most elegant pharmaceutical preparations I have ever seen, and I find them as reliable as they are elegant.

MARION, IOWA.

DR. A. M. COLLINS.

“I have delayed answering your favor to this date in order to give the Parvules practical tests. I would say I am more than pleased with the result. They are just what I as a physician have long wanted, viz: *multem in parvo* combined with prompt therapeutic results and an agreeable and happy exhibition of the respective remedies. I believe you have touched the acme of success.”

JERSEY CITY, N. J.

HIRAM M. EDDY, M. D.

PARVULES.

CAUTION. Imitations of Parvules offered under various names should be carefully avoided. Our method of preparation ensures ready solubility, efficacy and potency, and the avoidance of cumulative effect.

Several years of study and experiment with this class of remedies, of which we were the originators, assure the above indispensable results.

ALOIN, Parv.....I-10 gr.

Med. prop.—A most desirable cathartic.

Dose.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most desirable aperient and cathartic preparation in use. For habitual constipation, they replace when taken in doses of a single parvule, the various medicated waters, without the quantity which they require as a dose, which fills the stomach and deranges the digestive organs.

CALOMEL, Parv.....I-20 gr.

Med. prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PODOPHYLLINI, Parv.....I-40 gr.

Med. prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XV. TORONTO, JAN., 1883. No. 5.

Original Communications.

REPORT ON OPHTHALMOLOGY*

BY A. M. ROSEBRUGH, M. D. TORONTO.

The ophthalmoscope was invented in 1851. Von Græfe commenced his brilliant career the same year, or the year previous. In 1854 Von Græfe and Donders established the "Archives für Ophthalmologie," and in 1860 Prof. Donders published his great work on "Accommodation and Refraction." About the same time Snellen constructed his "Test Types." In 1865 Von Græfe discovered that iridectomy will relieve intraocular pressure in glaucoma; and in 1867 he gave the world the modern operation for hard cataract. The invention of the ophthalmoscope, then, may be said to mark the commencement of a new era in ophthalmic medicine and surgery. We will not pause even to enumerate the pathological conditions that may be observed with the eye mirror. We may say in general terms, however, that, with the exception of the ciliary processes, and a narrow zone of the anterior expanse of the retina, all the structures of the inner eye, with the aid of the ophthalmoscope, are brought under the eye of the observer. Except in a few cases where the disease has no ocular expression, the ophthalmoscope enables us to find a cause for all forms of blindness formerly called amaurosis and amblyopia. The ophthalmoscope is also a valuable aid in diagnosing diseases of nervous centres, as, for instance, coarse disease at the base of the brain; and quite recently the ophthalmoscope has been recommended as a means of diagnosing diseases of the inner ear.

The treatise of Prof. Donders, of Utrecht on the optical defects of the eye, which appeared in Holland in 1860, and which was afterwards translated

and published by the New Sydenham Society, is still a standard text-book. In the choice of spectacles, Donders' great work is the foundation of our therapeutics. Donders was enabled to eliminate the variable from the fixed refraction of the eye, and discovered, *first*, that presbyopia is not a refractive error, but is simply a gradual lessening of the focal adjusting power, or accommodation of the eye, and usually commences as early as at the age of 15 years; secondly, that in the original structure of the globe, the antero-posterior diameter of the eye may be elongated or shortened, causing excessive or deficient refraction, and called respectively myopia and hyperopia; thirdly that the refraction of the different meridians of the eye may be unequal. Thus, in the vertical meridian, for instance, the refraction may be normal, while the horizontal meridian may be either myopic or hyperopic, and that this condition called astigmatism, may be simple, or it may be complicated with myopia or hyperopia. For paralyzing the accommodation, Donders dropped into the conjunctival sac a few drops of a solution of atropine, 4 grs. to the ounce. He also demonstrated that errors of refraction are factors in the causation of strabismus,—that fully 75 per cent. of cases of convergent strabismus are caused by hyperopia, that a large number of cases of divergent strabismus are due to myopia, and that the development of the strabismus may be arrested by the early correction of the optical defect by the use of suitable spectacles, and also that after a tenotomy has been performed the wearing of the spectacles is often necessary to prevent a relapse of the deformity. More recently, it has been satisfactorily demonstrated that the irritation arising from uncorrected errors of refraction may cause various eye troubles, such as phlyctenular inflammation of the cornea, or conjunctiva, blepharitis marginalis, neuro-retinal congestion, &c.

Ophthalmology has been wonderfully advanced by the adoption of Standard Test Types. The average acuteness of vision in the visual line—that is, at the *fovea centralis retinae* is taken as $\frac{1}{80}$ of a degree. Capital letters, varying in size from $\frac{1}{4}$ to 4 inches in length, printed on a large card are so constructed that the diameter of the perpendicular stroke of each series of letters shall equal exactly $\frac{1}{80}$ of a degree, when viewed from a fixed distance designated: thus, No. 15 should be seen

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distinctly at 15 feet, No. 20 at 20 feet, No. 100 at 100 feet, and so on. When a patient can distinguish, say No. 20 at 20 feet, his vision is considered normal, and it is indicated by the fraction $\frac{20}{20}$, or unity. If, however, he can only distinguish No. 10 at 20 feet, his vision would be expressed by the fraction $\frac{10}{20}$ ($=\frac{1}{2}$)—that is, the distance at which the letters are actually seen divided by the distance at which the letters might be seen with normal vision gives the fraction of acuity of vision. In modern ophthalmology, in addition to making a careful record of the acuteness of vision in the visual line, note is also made of the field of vision. This may be clouded or completely obliterated in certain directions, and may be caused by detachment of the retina, hæmorrhagic effusions, tumours, &c. Before giving a favourable prognosis in cataract cases, the extent of the visual field is carefully examined. In certain cases colour tests are also used, as it has of late been demonstrated that colour blindness may be an acquired lesion. In tobacco amaurosis, for instance, a seaman or a railroad man may be able to attend to his ordinary duties, but fail to distinguish between a red and a green signal. Hence such persons should be examined periodically for colour blindness.

We are indebted to Von Græfe for the modern treatment of glaucoma. He had noted the fact that iridectomy reduces the normal tension of the eye. When, therefore, it was subsequently discovered, by the combined aid of the ophthalmoscope and pathological examination, that glaucoma is caused by excessive intraocular pressure, Von Græfe immediately tried the effect of iridectomy in relieving the intraocular pressure, and gave to the world a cure for an hitherto incurable disease.

During the last 15 or 20 years, a complete revolution has taken place in the treatment of cataract. By the combined use of the ophthalmoscope and oblique illumination, the different varieties of cataract can be differentiated, and the state of the development of the opacity accurately ascertained. With facilities for making an accurate diagnosis, improved operative procedures, and with the judicious adaption of the operation in each case, the results of treatment are at least as satisfactory as in any other class of surgical cases. Statistics have been collected of 11,000 cases of hard cataract treated by the old "flap" operation

previous to 1868; and of 11,000 cases treated by the modern operation,—showing that with the former there was a total loss of sight in 16.7 per cent. of the cases, and with the latter operation the total loss was 6.5 per cent.; still further that of 1,000 cases of hard cataract operated upon by Von Græfe between 1865 and 1869, the total loss was less than 3 per cent. In the modern operation, for which we are indebted to Von Græfe, the triangular Beer's Knife and the semicircular corneal flap are discarded, and a narrow knife and a straighter and more peripheral cut substituted. The cut is made more nearly in the direction of a great circle of the globe, and a sector of the iris is removed, so as to facilitate the extrusion of the lens, and prevent prolapse of the iris. It is, perhaps, almost unnecessary to state, that the old operation of "couching," or pushing the lens back into the vitreous, has been completely abandoned, as it was found that fully 50 per cent. of the cases thus treated were ultimately lost from destructive inflammation.

The treatment of strabismus and paralysis of ocular muscles in late years has been modified and improved. By the operation called "layering forward," the insertion of a weakened muscle is advanced nearer the cornea. Tenotomy of a contracted muscle is performed subconjunctivally. A conjunctival suture is used to modify the effect of an operation, and prismatic spectacles are used to relieve diplopia and muscular strain.

With the modern improved methods of preparing tissue for the microscope, there has been an advance in our knowledge of the normal and pathological histology of the eye, but we cannot stop to particularize. Quite recently the extraordinary discovery has been made that in the living retina there is secreted a photo-chemical matter, called "visual purple," which is bleached in a bright light, and re-secreted in the dark. It is said to be an albuminoid secretion, confined to the layer of rods, and is believed to be a conservative element which enables the eye, in conjunction with the iris, to adapt itself to variations in the intensity of the light.

An advance has been made in our knowledge of the etiology of glaucoma. The prominent symptom in glaucoma is excessive intraocular tension. The eye is hard and unyielding. Until recently, this condition was supposed to depend upon hyper-

secretion of the choroid. It is now known that this is not necessarily the case, and that the loss of equilibrium of intraocular pressure may be caused by any interference with exosmosis or filtration from the eye, that pressure from the peripheral part of the iris against Fontana's spaces and Schlemm's canal—at the so-called "iritic angle,"—causes glaucoma, not from any increase in the secretion from iris or choroid, it is claimed, but by mechanically interfering with exosmosis or filtration through the trabeculæ of the anterior scleral ring. Iridectomy, or the removal of about $\frac{1}{2}$ of the iris, was supposed to relieve the intraocular pressure by removing a large secreting surface, but its action is now believed to depend partly upon the removal of pressure at the iritic angle, and partly upon filtration being favoured by the cicatrix, in the anterior scleral ring.

The construction of the ophthalmoscope has been greatly improved of late years. The form now in general use is Knapp's and Loring's. A disc is secured behind the mirror which can be rotated, and which carries a series of very small convex and concave lenses behind the central aperture of the mirror. By this convenient arrangement any optical defect either in the eye of the observer, or in the eye under observation, is counterbalanced. By suspending the accommodation and rotating the lenses behind the mirror, the latter being brought close to the eye under observation, the refraction can be, at least approximately determined, and by this method alone it is possible to prescribe the proper correcting spectacles; but this method of examination is rather resorted to for the purpose of confirming the result of the examination made with the test types and trial glasses,—with or without paralyzing the accommodation.

Among the operative procedures which may be said to be on trial may be mentioned opticociliary neurotomy as a substitute for enucleation; sclerotomy as a substitute for iridectomy in certain forms of glaucoma, and Loring's dissection of the iris for closed pupil after cataract operation.

Eserine is being substituted for atropine in connection with cataract operations, and in the after treatment of extraction, the eye is now less interfered with than formerly. If there is no œdema of, or discharge from between the eyelids, it is now advised to keep the eye closed for about seven days after the operation. For the removal of chips of

iron or steel from the interior of the eye, the permanent magnet is giving place to the more powerful electro-magnet.

Antiseptics, which has proved a boon in general surgery, has been tried in ophthalmic surgery, but not with encouraging results; and, moreover, the practical difficulties in the way of carrying out strictly antiseptic treatment in ordinary eye operations, seem to be almost insurmountable. The eye is, however, sponged with antiseptic solutions before and after operations, and caution is used to prevent the infection of wounds from blenorrhœa of the lachrymal sac, the discharges from trachoma, &c., and where atropine or eserine is used continuously for some time, it is considered advisable that these salts (which, by-the-way, should be quite neutral) should be dissolved in a two or three per cent. solution of boracic acid. Boracic acid solution are also used in cases where there is purulent discharge.

Among the new remedies recently introduced into ophthalmic practice, duboisia and homatropine dilate the pupil, while eserine and pilocarpine contract it. Duboisia can be substituted for atropine in the exceptional cases where the latter is found to irritate the conjunctiva. Atropine is the most reliable for dilating the pupil in plastic iritis. It also acts as an anodyne to the sensitive nerves of the iris and cornea. But it is contra-indicated where there is a tendency to glaucomatous complications, or in serous iritis, on account of its tendency to increase intraocular tension; in the latter case, homatropine is substituted for the atropine. In cases where it is simply desirable to dilate the pupil temporarily, as, for instance, for an ophthalmoscopic examination, homatropine, used in a weak solution, will dilate the pupil without paralyzing the accommodation, and its effect upon the pupil is more transitory than that of atropine. Used in stronger solutions, say 5 or 6 grains to the ounce, homatropine will paralyze the accommodation, and the paralysis is not nearly so persistent as it is after using atropine solutions. This is an advantage in favour of homatropine in treating anomalies of refraction. Eserine is used both for contracting the pupil and relieving intraocular tension. It is a valuable adjunct in the treatment of glaucoma, and in some cases may alone ward off an inflammatory attack. By relieving intraocular pressure, it is a valuable remedy in suppurative and ulcerative dis-

eases of the cornea. Pilocarpine is not so powerful a myotic as eserine, and is not so much used as a local application. Used hypodermically, however, in $\frac{1}{4}$ or $\frac{1}{3}$ grain doses, it acts beneficially upon scleral and episcleral disease, and is recommended for sub-retinal effusion and opacities of the vitreous.

Pagenstecher thinks massage occupies a very important place in ocular therapeutics. He uses either circular or radial friction of the eye with the finger against the closed lid, making very light and rapid motion. It is recommended in old corneal opacities, in pustular conjunctivitis, in scleritis and episcleritis. Pagenstecher prefers combining the massage with the use of oxide of mercury ointment, but claims very satisfactory results from the massage alone.

The interest now taken in ophthalmology is quite remarkable. An International Ophthalmological Association, which meets every four years, was established about twelve years ago, and many vigorous local societies are now in operation. The American Ophthalmological Society numbers over 75 active members, and quite a large volume of transactions is published annually. There are now over one dozen journals devoted either exclusively or very specially to the advancement of this department of medical science. But, as we sometimes say, "It never rains but it pours." During the past 12 months four treatises on diseases of the eye were issued by the American press alone—one written by Dr. Noyes, of New York, one by Dr. Williams, of Boston, one by Dr. Schell, of Philadelphia, and one by Dr. Mittendorf, of New York.

OVARIAN DISEASE—OVARICTOMY—RECOVERY.

BY R. JOHNSON, M.D., CHARLOTTETOWN, P.E.I.

May 10, 1881.—Miss V., aged 17, consulted me with reference to an enlargement of the abdomen, which was first observed by her in June, 1880, and had been since then steadily increasing. Her health had begun to fail in June, 1879, and menstruation was not regular from August to December of that year. Under treatment the menses had regularly reappeared from January to June, 1880, and since then have been altogether absent.

The abdomen now presents a full rounded outline, with thin walls, and distinct fluctuation gives evidence of a large collection of fluid. The measurements are, at umbilicus 36 in., from pubes to ensiform cartilage 14 in., and from anterior superior spinous process of each side to umbilicus 8 in. General nutrition of body tolerably good; complexion clear, cheeks somewhat sunken. Thoracic and abdominal viscera performing healthy functions; uterus normal as to size, position and mobility.

May 12.—In consultation with Dr. E. MacNeill, her former attendant, exploration was made with a No. 2 aspirating needle, and having obtained a free flow of straw-colored fluid the aspiration was continued until 10½ lbs. were drawn off. The fluid completely coagulated on test of boiling. After its removal from the abdomen we readily detected a large solid tumor of irregular outline, and freely moveable in every direction. Two days afterwards the patient returned to her home some 14 miles from the city, greatly relieved.

July 15.—Patient returned to town for further treatment. The enlargement of the abdomen has returned, and there is some œdema of the left leg. General appearance about the same, and actual measurements exactly as on May 10. No return of menses. She and her friends were now made fully aware of what was judged to be the nature of her complaint, and of the possible and probable result with reference respectively to the palliative and radical treatment. After a few days deliberation she determined to undergo the radical operation.

August 2.—I operated under ether, at the Charlottetown Hospital, assisted by Drs. Hobkirk, Beer, MacLeod, Blanchard, and Conroy. The primary incision of about five inches, was necessarily made to extend, during operation, to about twice that length. Free bleeding required that two arteries should be tied before opening the peritoneum, which being done, the wall of the sac came clearly to view. Parietal adhesions were found to be extensive, but not difficult of separation. Three gallons of fluid were drawn off from one cyst, with a Spencer Wells' trocar, before withdrawing which, stout whipcord was tied around the sac, in order to assist in the further handling of the tumor. A large piece of adherent omentum was found to hold it down, and, inasmuch as it

could not be peeled off, it was ligatured and amputated. The tumor, weighing about seven pounds, was then readily drawn out from the cavity. The pedicle which was of the left ovary, was about four inches in length, broad and vascular. It was ligatured in two halves, and amputated at about two inches from its base. One of the ligatures included the Fallopian tube. Tinct. Ferri. Perchlor was applied with a glass stopper to the stump, which was held to view until dry. The ligature was then cut close and dropped. Ample time was then occupied in sponging out the cavity with warm carbolic water, until it was ascertained that all oozing had ceased, and that it was thoroughly cleansed. The abdominal incision was entirely closed with deep harelip sutures, superficial silk sutures being also inserted midway between the pins. The dressing consisted of a strip of lint soaked in carbolized oil, and laid along the line of the incision, crossed by long strips of adhesive plaster, covered with an eight-fold sheet of carbolized muslin, a deep layer of cotton wadding, and a double bandage of stout unbleached cotton. Patient was removed to her bed within an hour from her being placed upon the table. Carbolic spray was used for some minutes at the commencement and conclusion of the operation, and shut off for the most part during the intermediate stages. All ligatures were of carbolized silk, and were cut short,

Mild and good reaction was established within two hours after operation, vomiting having occurred but two or three times. During the first forty-eight hours she took nothing but sips of oatmeal water and sucked ice. No solids whatever were allowed until the eighth day. Opiate enemata, (consisting of from 20 to 40 minims of Tr. opii in an ounce or two of water or beef-tea, with occasional addition of brandy) were regularly administered from four to eight hours apart during the first three days, and again on the tenth and eleventh days. This, with brandy in milk, and a few doses of quinine combined with aromatic sulphuric acid met all the indications for medication. The urine was drawn off for a fortnight, at intervals of from four to eight hours, its quantity and quality always appearing with noticeable regularity and of normal standard. The first movement of bowels occurred on the ninth day, soon after an eight-grain dose of quinine. The wound healed

by first intention, some of the sutures being removed on the fourth, and the remainder on the seventh day. Indeed my notes indicate that everything went on to uninterrupted recovery with the exception of a sudden attack of sharp pain with tenderness on pressure in the left iliac region, the pain shooting down the left leg, and accompanied by a rapid rise of pulse and temperature, which occurred on the tenth day, and continued for 24 hours. Of 45 observations taken at regular intervals during 14 days, the highest pulse noted was 110, and the highest temperature $102\frac{3}{4}^{\circ}$ F., which occurred on the tenth day. The patient was discharged, well, on the 21st day, having been able to move about with ease and comfort four or five days previously.

Oct. 23.—Reports enjoying excellent health, and having gained much flesh. Nov. 2.—Health robust, catamenia restored. Nov. 18th, 1882.—Enjoying perfect vigorous health, which has been unbroken since last report of Nov. 2, 1881.

The tumor, examined after operation, exhibited a composite character, and presented in combination the features of what are usually recognized and described distinctively as the histoid, and cysto-sarcomatous varieties. Innumerable loculi, from the size of a bean to that of a small orange, contained, variously, mucous, colloid, oily, purulent fluids—firm sebaceous matter—a tooth, of the shape of a lateral upper incisor—tufts of fine flaxen hair—and ramifying the mass was a shapeless framework of dense white cartilage.

CLOSURE OF THE JAWS FROM AN OLD CICATRIX—ESMARCH'S OPERATION.

BY A. B. ATHERTON, M.D., L.R.C.P. & S., EDIN., FREDERICTON, N.B.

E. M., female, æt. about 35. When eight years of age had measles, for which she was treated by a physician in the country. I could not learn whether or not he gave her any mercury. Subsequently a swelling appeared on the left cheek, which resulted in an ulcerated opening in the soft parts, through which the end of the thumb might enter. Gradually the jaws were drawn together till for the last 15 years, as her mother states, she "has never seen her tongue." The patient was first seen by me about the year 1872, and at that time

the teeth were beginning to be so firmly forced together that the incisors were nearly horizontal, and some of the bicuspid and molars were loosened and removed. The opening in the cheek was plugged every day with a piece of cotton wool to hide the deformity, while she fed herself with fluids through the mouth, sucking the food through an aperture left by absent back teeth.

An operation was talked of then for her relief, but no action was taken till the 1st of March, 1877. At this date it was rendered imperative by the fact that pieces of tartar or loosened molars had fallen inwards several times, and the patient had been once or twice on the verge of strangling by being forced to swallow them. Chloroform being given, with the assistance of Drs. Coburn and Ellis, of Fredericton, and Dr. Holden, of St. John, who happened to be here on a visit, the following operation was done:—The sides of the opening in the cheek were cut into, and the surrounding adherent soft parts separated from the jaws, so as to admit of coaptation of the raw edges; then, several teeth were removed which were in the way, and by means of a chain-saw a piece of the lower jaw just in front of the left masseter, about three-fourths of an inch or more on its upper surface, and one-half inch on its lower, removed. The chain of the saw was passed around the jaw by means of a small blunt hook being forced through the soft parts between the jaw and skin of the cheek, and thereby catching hold of the chain and drawing it up and out after it. In this way only a very slight punctured wound was made by the large needle of the chain-saw which was run through the skin so as to bring the end of the chain within reach of the hook above-mentioned. A great deal of difficulty and danger arose during this part of the operation, from a large mass of tartar, which completely filled up the cavity between the tongue and the lower jaw in front, and to the left side. The mass was nearly spherical and about the size of a walnut. Its surface was irregular, and its irregularity was apparently due to the creases and depressions in the neighboring soft parts, by means of which it was quite firmly attached to them; and when separated, considerable bleeding followed from these parts. The wound in the skin was now fairly well approximated by silver sutures, and carbolized oil dressing was applied, directions being left that the mouth be frequently washed out with

carbolyzed water. This treatment was pursued throughout.

The patient did very well after the operation, the edges of the opening in the cheek uniting by first intention, and the bone healing after throwing off one or two small bits of necrosed tissue. In three or four weeks she could chew fairly well, and could open the jaws nearly an inch. Very little scar was left, and to this undoubtedly as well as to the improved condition of her jaws, may be attributed the fact, that in a year or so she was married to a young man about her own age, and has contributed more than once towards the population of the Dominion. The jaws at present have come together somewhat, owing to adhesions of the false joint, so that she can open them only about half an inch, but she expresses herself well satisfied with their condition.

Correspondence.

RÖTHELN OR GERMAN MEASLES.

"Quot homines, tot sententia."

To the Editor of THE CANADA LANCET.

SIR,—In reply to Dr. Skirving, *re* "Rötheln or German Measles," I beg to say that my only authority for using the term *German Measles*, is Prof. Da Costa who in his work on "Diagnosis" says that Rötheln is "*often spoken of as German Measles.*" However, as this distinct eruptive fever is likely to be re-christened as "Rubella," we will not argue about its name. Judging from the cases I have seen, I believe this fever to be entirely distinct from both measles and scarlet fever. Nevertheless, I do not intend to question the right of any medical gentleman to hold the belief, that Rötheln is a "hybrid," if he so chooses. During the epidemic here, not a single case of either measles or scarlet fever occurred in my practice, nor for several months before, nor for several after. Besides, in numerous instances, I had previously attended the same children during well-marked measles, and subsequently during well marked attacks of scarlet fever.

Referring to Rötheln, Wunderlich says, "The temperature is nearly always sub-febrile (99.5° to 100.4°)—sometimes febrile (101.3° to 102.2°)." The same writer speaking of scarlet fever says,

"the temperature may reach 105.6° or even a higher point. It usually remains *continuously* high during the eruption, and it is thus well distinguished from those affections with which, on account of other symptoms, it is most easily confounded, and more particularly *measles and rôtheln*." The temperature falls rapidly on appearance of eruption in Rôtheln; and in from twelve to twenty-four hours after eruption in measles, but the fever at the outset of the latter may run as high as 105° or 106° Fahr.

In the October number of the *Canada Medical and Surgical Journal* for the year 1880, may be found the following diagnostic points, separating Rôtheln from measles and scarlatina. 1. The temperature rarely rises above 101° to 102°. 2. The eruption generally appears *at once* all over the body. 3. Rôtheln affords no protection against either measles or scarlatina and *vice versa*. 4. Rôtheln propagates itself and never gives rise to either measles or scarlatina. 5. The patches of eruption in Rôtheln are raised above the surrounding skin, especially towards the centre where the color is deeper. 6. The desquamation is in fine branny scales, and commences at the centre of the eruptive patch, gradually extending to the circumference. 7. The patches of eruption are larger and brighter in severe cases than in mild ones. 8. The tongue is more or less dirty at first, then becomes strawberry-like, and finally smooth—(Dr. W. D. Hemming, *Edin. Med. Journal*.) Hoping, that you will forgive me for trespassing on so much of your space,

I remain, yours respectfully,

R. A. ALEXANDER.

Grimsbey, Ont., Dec. 5th, 1882.

Selected Articles.

TREATMENT OF DIPHTHERIA.

The following is an extract from a lecture given recently by Morell McKenzie, M.D., London, Eng., in Bellevue Hospital, New York, and reported in the *Medical Record*:—

The first great point in the treatment of this disease is to attend to constitutional measures and then to local treatment. The constitutional treatment is of no less importance than the local. It is necessary to support the patient from the beginning, and stimulants are of the utmost import-

ance. Do not wait until the patient becomes depressed, but give stimulants from the very commencement. This is an exception to all diseases, and you must begin with stimulants at the commencement, and give them in the more solid form, such as brandy diluted with water, or port wine; such as furnish nutriment as well as alcohol. When the patient is beginning to recover, the light wines, especially champagne, are useful; but, in the early stages, port wine with water is one of the most useful you can give. Stimulants must be given during the night as well as during the day in a very large number of cases. I have seen many cases where patients have died through want of having stimulants administered during the night. In young children it is very frequently necessary to awaken the patient and give stimulants. As a general rule, it is bad to wake a patient out of a refreshing sleep to give medicines; but here is an exception, and I would say that if the child sleeps more than four hours, it must be awakened and stimulants and nourishment administered.

We now pass on from the use of stimulants to the use of medicines. Here, again, we meet with a very great variety, but the most useful, perhaps, of all, is the perchloride of iron. In this matter I am entirely in accord with Professor Jacobi, who has found the remedy more useful than any other. Professor Jacobi has laid it down that this medicine should be given in full doses. It is also important to give a per-salt of iron, which can be assimilated with comparative ease, and probably the perchloride is the best you can use, and of it at least a drachm a day, diluted with water, should be administered; fifteen drops, well diluted with water, four times a day. The only time when I have not given the perchloride of iron has been when I have been trying the local effects of some agent that has been employed. Quinine is a very useful medicine. When the temperature is high it has a very great effect in bringing it down nearly or quite to the normal. These are, perhaps, the most important of the constitutional remedies.

All sorts of specifics have been recommended, but I have not had much success with them. Chlorate of potash has been very much praised, both as a constitutional and a local medicine. You may give it, because it cannot, in proper doses, do much harm, and it may do some good. There is one remedy which has been recommended by a gentleman whom I see before me, Dr. Beverley Robinson, and that is copaiba, which has an important effect upon mucous membranes, as possibly some of you may have had occasion to observe. But its effects are not confined to the mucous membrane of the urethra. It also produces a marked effect upon the mucous membrane of the pharynx and larynx, and that of the whole bronchial tract. I have tried Dr. Robinson's re-

commendation, giving the medicine in the form of pearls, which the French make, and which children take very easily, and I have administered them with great success. But I must mention that I have used it in the catarrhal form of diphtheria—the milder cases—where the exudation is not very adhesive. Even in the more serious cases of catarrhal diphtheria, you will find great benefit following the administration of copaiba.

We will next pass to local remedies, and here, again, we have a very wide field. A great many doctors may go through a lifetime and see only a few cases of diphtheria. Some meet with severe epidemics, and others with epidemics mild in character. The consequence is that an immense number of remedies are not only recommended, but the doctors say that they have not lost a case since they began to use such and such remedies. You must look upon such statements with great suspicion, and it is safe to consider that the doctors who have treated so large a number of cases with such uniform success, have, at least, treated a mild type of diphtheria. The local remedies in most common vogue are lime-water and lactic acid. Both of these remedies have one great advantage; they do not do any harm. And here I may say, gentlemen, that it is a great thing, when you are trying a remedy, to use one that does no harm. In early days severe caustics were used, such as hydrochloric acid, nitrate of silver, and, if the patient recovered, it was always thought that event was due to the acid or the silver. But all that has been changed. We now know that if strong caustics are used the effect is almost always to cause extension of the disease. The remedy inflames and irritates, and a false membrane is formed in close contiguity to that which previously existed. When we were suddenly told by German physicians that lactic acid was used with great benefit, and also lime-water, the news was so gratifying that we all used these remedies, which were not injurious or painful to the patient. Both have been found useful. I ought to say here that certain solutions have been said to be useful because of the effect they produce upon the false membrane, causing it to gradually dissolve and disappear in a short time. But, unfortunately, when we have to deal with the living subject we have a totally different condition of things from that which is present in making experiments, and I have found that when using substances locally sufficient to have any effect upon the false membrane, they had an irritating effect on the mucous membrane which I was treating. Hence I returned to the use of such remedies as do not irritate, and have given up those which had a reputation for dissolving false membrane. With regard to lactic acid and lime-water, they do not have much effect upon the false membrane in the test-tube, but they certainly do seem to have considerable effect when

applied to false membrane growing upon mucous membrane. It is very difficult to make accurate observations with regard to the progress of the disease from hour to hour in children; but I have had opportunity to try both remedies upon false membrane inside the lip and upon the tongue, where I could watch the effect. I recollect three cases in which I tried the experiment with lime-water where false membrane was growing upon the inside of the lip. I treated one side with lime-water and left the other to nature, and the side treated rapidly improved, while the other remained stationary. So that I believe lime-water is useful as a local application, and in this respect I differ with my friend, Dr. Jacobi, who believes that both lactic acid and lime-water have been overestimated. I strongly recommend that you should use them in every case.

We now pass on to another class of remedies, which I wish to bring to your notice, namely, those which shut out the air. This class of remedies I have introduced, and they have been employed in England to some extent. I refer to what may be called varnishing the mucous membrane with benzoin, or tolu dissolved in ether, or chloroform, or alcohol, and also used in various mixtures. I found as the result of considerable experiment that tolu dissolved in ether, in the proportion of 1 to 5, made an excellent varnish, and that when applied to the mucous membrane it did not cause pain or inconvenience, was sufficiently strong to hold, and did not require to be repeated. Many of these local remedies have been recommended on the ground that they destroy germs. Just here it occurs to me that I have omitted to speak of carbolic acid and salicylic acid, etc. Carbolic acid is an excellent remedy, and it has the effect, as has been demonstrated, of destroying germs, and if used sufficiently diluted it will do no harm. All this class of remedies have been recommended upon the scientific ground that they destroy germs. The principle upon which I have introduced the remedies which varnish the mucous membrane is, that whatever the poisonous element may be, whether a vegetable growth or some other germ, or something else, this living matter that causes false membrane to be formed, requires the presence of air. Directly you exclude the air you prevent the growth of germs which require air for their existence. As soon as possible, therefore, I apply this varnish over the false membrane; not only over the false membrane, but all around it. It is of itself to a certain extent a germ destroyer, but everything depends upon the coating of varnish being air-tight. Some of my friends, at first, found considerable difficulty in applying it, and I also had the same experience. At first I wiped the surface, to which it was to be applied, with blotting-paper. I carefully applied this absorbing material to different parts of the throat, and then im-

mediately afterward applied this varnish. This plan answers perfectly well when you can do it; but every now and then you will find a patient who will retch a little just after the blotting-paper has touched the surface, and the mucous membrane becomes wet before you can apply the varnish. I then adopted the plan of putting a piece of lint around my finger and drying the throat with this, and then quickly applying the varnish with a brush. This does not hurt the child, and I speak of children, because nine-tenths of our cases occur among children, and it answers perfectly well; but if you should have difficulty with this, I should advise you to apply the varnish all the same. I have had several patients treated entirely by the use of the varnish, without constitutional remedies, and with good results.

I will now say a few words with reference to the use of steam and the use of ice. Both these remedies are useful, but they should be applied in different classes of cases. In the early stages it is very useful to employ ice. It affords the greatest comfort to the patient. Let them have ice, and take as much as possible. Many young children are pleased to have pieces of ice put into their mouths. There is no doubt that it restricts the associated inflammation so often present. In the early stages it is most desirable to use ice, and you can use any amount of it without doing any harm. It is only in exceptional cases, where the patient is very much depressed, and in the very advanced degrees of poisoning, where there is a gangrene, that ice does harm. In many cases it diminishes the violence of the attack.

With reference to steam, it was first recommended, I think, by Mr. Prossor James, of London. After, it was pointed out by Oertel that steam must cure almost every case, and that it was the only remedy of any value at all, because the effect is to separate the false membrane from the mucous membrane. The fact is, that when a certain point in the disease is reached, when the false membrane is beginning to separate, steam is useful. At that time its effect is admirable. In the early stages I do not think it does any good. I think it lowers the vitality of the tissues, and that its effect is most prejudicial; but when the false membrane shows evidences of separating from the mucous membrane its effect is most beneficial. So you need have no fear of clashing heat and cold, for you use ice at first and steam afterward, when the disease has reached a certain stage. One great advantage of steam is that you can use some antiseptic with it, such as carbolic acid, salicylic acid, or any other substance you may choose. I should advise you to use some mild antiseptic at this stage of the disease, because a certain amount of gangrene is usually present.

The question often arises whether or not you will perform tracheotomy. I may say here that

my friend J. Solis Cohen, of Philadelphia, who is with us to-day, has published one of the most complete essays on tracheotomy ever published in the English language. I think the conclusion which may be drawn from his paper is that the operation should be performed at a comparatively early stage. That is the conviction which I have. My advice is that when once there is considerable false membrane in the larynx, when inspiration is so difficult that you see falling in of the sternum each time the patient breathes, and each supra-clavicular space deepened with every inspiration, the time has arrived for tracheotomy. But you will examine the whole of the patient's thorax, and most carefully the posterior part of the chest, to see if air enters both lungs. If you find one lung seriously obstructed, I myself should advise against tracheotomy. If you find that air does not enter the lung beyond the bifurcation of the bronchus, tracheotomy will be useless. Still there are cases in which we have everything to hope if a cure can be effected. But at the same time we should consider the interests of surgery, and when I say the interests of surgery, I mean the interests of the entire public, as well as those of the surgeon. If we perform the operation in a case almost entirely hopeless, we have to consider the effect produced upon the feelings of friends when a similar operation is to be performed in a similar case. The point which I wish to insist upon is, that if you perform tracheotomy, you should do it directly it becomes necessary. You must not wait until the case becomes hopeless. If you do this, you will find that a large number of cases which appear hopeless will terminate in recovery. On the other hand, if you perform tracheotomy too early, you will perform it in a large number of cases which will recover without it. I think the very favorable statistics with regard to the operation, especially those furnished us from Parisian hospitals, are partly the result of the operation being performed where it should not have been performed; that is, in cases of diphtheria. In this manner you can get the most favorable statistics, but it is not a fair procedure to perform tracheotomy before there are distinct signs of laryngeal dyspnoea.

ABORTION.

Clinic by PROF. W. H. TAYLOR, M. D.
(*Cincinnati Hospital.*)

Carrie B—, age 33 years, American, married, resident of Cincinnati 9 years, admitted October 22. The patient has suffered from malaria and rheumatism. She denies specific trouble. She began to menstruate when fifteen years of age and has always been regular but has suffered occasionally from pain after the flow. She has had one living child and a miscarriage in December last.

She missed her menstrual flow seven weeks ago, and one week ago she began to bleed. She has had pain in the back and some bearing down pains. She has been bleeding for a week at present date but does not flow much. There are no clots in the escaping blood. She has been drinking and is rather shaky from its effects, but is steadier this morning than she was last night. She slept well during the past night. Her bowels are constipated and appetite poor.

About one week after the disappearance of her menses she began to be sick at the stomach every morning and this condition continued for a month or more. She took tansy tea to bring on the flow. Upon vaginal examination the os is found patulous, admitting the tip of the finger and the uterus enlarged. It is perceptible above the brim of the pelvis.

Gentlemen :—There are two facts in the history of the case you have just heard read that should at once awaken suspicion as to the true condition of this patient. A married woman, previously regular ceases to menstruate. Following almost immediately upon this cessation of menstruation we have a history of nausea and vomiting, a condition occurring so frequently among pregnant women in the early hours of the day, that it is generally known, both by the profession and laity, by the name of "morning sickness". These two symptoms, taken in connection are strongly suggestive of pregnancy, but they are not diagnostic.

I think the value of this latter symptom has been exaggerated by writers on obstetrics, for it is no uncommon occurrence for women in this hospital, far advanced in pregnancy, to tell us that they have never been at all nauseated during the whole course of gestation. When present this symptom is strongly suggestive of pregnancy, but it is so frequently absent in normal gestation that you can by no means infer that women who do not present this symptom are not pregnant. But where in addition to the symptoms mentioned physical examination shows us that the uterus is enlarged, we are almost certain that pregnancy exists. We can not be absolutely certain for the fetal heart sound is the only absolutely reliable sign of pregnancy and that is not demonstrable until gestation is further advanced than in the case now before us. The question is rendered still more uncertain by the fact that the tumor felt above the pubes may possibly be something else than the enlarged uterus, we may be mistaken in the signs obtained by physical examination. The only way to determine this point positively would be to insert the uterine sound. If we found the cavity of the uterus elongated there could be no further question as to the enlargement of that organ. But it is a cardinal rule in obstetric practice never to use the sound when even a suspicion of preg-

nancy exists. Hence we can only make a relative not a positive diagnosis in this case, but the collection of symptoms is such that we may be morally certain that pregnancy does not exist or has existed.

The patient's history as obtained by the house physician, also tells us that she took tansy tea to bring on her menses. This is a household remedy of little or no potency, but it is not so with the oil of tansy. The latter is a very dangerous drug. A number of cases have been reported recently, where small quantities taken to cause menstrual flow have been attended with fatal results. There is no drug in common use that is at all reliable as an abortifacient. The experience of this hospital proves this conclusively for a majority of the patients admitted to the obstetric wards have made at least one, more often several attempts to interrupt gestation by means of drugs. The fact of their applying for admission, here shows that their confidence in these popular measures for destroying the fœtus has been misplaced.

During the past week, the woman now before us, has suffered from uterine hemorrhage, but as she did not enter the hospital till night before last, we are unable to tell what was expelled from the uterus, but no clots have been passed so far as we are able to ascertain. A prominent French obstetrician has recently published an article, and you will find it now going the rounds of the medical press, in which he says it is possible to distinguish an abortion in the early months of pregnancy from a return of suppressed or delayed menses by presence of clots in the flow caused by an early abortion and their absence in the flow of returning menstruation.

The present case, in addition to many others, which I have seen, convinces me that the distinction is not reliable. In early abortions the fœtus is often too small to attract attention and the blood escaping freely may not coagulate, while the menstrual flow is sometimes mingled with coagula.

In the case now before you, while the flow of blood has never contained clots, we have here the enlarged uterus, and other symptoms that make us morally certain that we have not a return of suppressed menses, but an interruption of pregnancy, an abortion. Another statement recorded in the history of the case as given by the woman herself is worthy of special attention. She says that she was regular until seven weeks ago, but we find on palpation the uterus is perceptible above the pelvic brim. This in itself is conclusive evidence that she is mistaken in the supposed duration of her pregnancy. The uterus sinks in the pelvis in the first months of pregnancy, and only rises above the pubes after the third month. So we have here an abortion to treat, that is occurring in the first three months of gestation, or in the earlier part of the fourth month. Late abortions require an entirely different plan of treatment, but time forbids our

entering at length into the discussion of it this morning.

In the treatment of all abortions, the first question to be determined is whether or not it is possible to prevent the threatened destruction of fœtus and secure the birth of a child at full time. If you believe this possible, rest in bed and large doses of opium are the remedies you should employ. But if the abortion is inevitable the indications for treatment are to empty the uterus as soon as possible.

"There is no safety except in an empty uterus". It is the custom of most physicians to give ergot in these cases for the purpose of arresting hemorrhage, and promoting the expulsion of the fœtal membranes and decidua. This custom I do not approve. Ergot can only arrest hemorrhage by causing contraction of the muscular fibres of the uterus. Now in this early period of utero-gestation, the uterine muscular fibres are so little developed that their action can have little or no effect in controlling the hemorrhage. If ergot should cause contraction of the uterus it would close the os and thus defeat the object for which it is given, so I never use it in treating abortion. The proper treatment is to insert the finger and gently scrape away the membranes and decidua.

If the membranes are unruptured, a very rare occurrence, great care should be taken not to rupture them. The so-called placental forceps should not be used in these cases. While they may be inserted further than the finger, you have no means of knowing whether you have seized a portion of the membranes or some of the proper structures of the uterus and great harm may be done by their employment. Where instrumental interference is demanded use only the dull wire curette. With it you can remove all membranes and decidua and can do no serious harm. The sharp curette, recommended by some prominent writers, is like a knife that will cut away some healthy mucous membranes as readily as fœtal membranes and should not be employed in the uterus already made very susceptible to injury by the intense congestion which pregnancy induces.

But often when a physician is called to see a case, the os is not sufficiently dilated to admit the examining finger. Then your treatment should vary in accordance with the occurrence or non-occurrence of hemorrhage. In the present case where the woman is not flooding much, we are giving her simply the mucilage of Acacia as a placebo and waiting for nature to effect a cure. Should there be much bleeding more active treatment must be instituted.

Most text books recommend the vaginal tampon for these cases. But in early abortions it is better to plug the os uteri. Bear in mind the distinction, that it is only in case occurring in the early months of pregnancy, that this method is applicable. Late

in pregnancy, there is only one circumstance that should justify the insertion of a plug into the os uteri. But in the early months it can be resorted to without danger. The cavity of the uterus is so small that it can contain at most only three or four ounces of blood and its walls are so firm that it can not be distended. Cotton, a roller bandage, twisted into the shape of a cone or sponge tent may be used as a plug. This plug by absorbing the blood, expands, and thus dilates the os, a condition we very much desire to obtain. The plug must not be allowed to remain in situ more than twenty-four hours, and it would be better to remove it in twelve. In this time it becomes very offensive from decomposition of the retained secretions, and if allowed to remain longer, would favor the development of septicæmia, the condition most to be feared in abortions. For this reason also, it is important to remove all of the decidua as soon as the os is sufficiently dilated by the plug. There is no placenta at three months, although writers in the journals often speak of the placenta in the early weeks of pregnancy. The prognosis in this case is favorable. But professional experience does not bear out the popular impression that there is little or no danger to the woman in an abortion. Probably one in ten die from its effects.—*Cincinnati Lancet and Clinic*.

LISTERISM, ITS USES AND LIMITATIONS.

BY W. M. STOKES, F.R.C.S.I.

The following is from the address in surgery read before the British Medical Association, August, 1882:—Considering that the treatment of wounds is, in Professor Humphrey's words, not merely "the first stone, but also the corner-stone of surgery," antiseptic practice should rank, in my opinion, as the greatest of the surgical advances that the past half century has witnessed. It deserves a special attention, not merely on account of the results of its adoption, but also because surgical opinion is still so divided about it—an unsettlement to which an impulse has been given by Mr. Savory's remarkable address at Cork, and by the observations on the value of carbolic spray made by Mr. Lister himself at the International Medical Congress last year. As regards Mr. Savory's denunciation of Listerism, I would say that, after reading it, and also the able reply to it by my colleague, Dr. Thompson, one can not but come to the conclusion that, when the address is stripped of all its brilliant eloquence and rhetorical decoration, two facts are, to our surprise, brought clearly to light. One is the admission of the germ-theory of putrefaction; and the other, that the method of dressing employed by Mr. Savory is es-

essentially antiseptic, consisting as it does of many of the features that characterize Listerian dressings—for example, carbolic catgut ligatures, carbolic oils, drainage, and washing the wound with a weak permanganate of potash lotion, or “some other potent antiseptic.” Now, as the author of the reply to which I have referred, properly asks, “Is this method fittingly characterized by its simplicity and the entire absence of all novelty?”

In reference to Mr. Lister's statement on the value of carbolic spray, about which there has been so much unfortunate misconstruction and misunderstanding, I would certainly say he did not surrender his position in any way. He did not, as was said to me in terms more picturesque than accurate, by an eminent surgical friend on that occasion, “Inter antiseptic surgery and sing a dirge over it.” On the contrary, he stated that he looked forward to obtaining a more perfect and convenient mode of asepticism than that afforded by carbolic spray.

Considering the subject from a purely practical point of view, it appears of very little consequence whether we accept the views recently discussed by Dr. Burdon Sanderson, or those of Ogston and Hueter, the former maintaining that the inflammatory exudates of a wound do not depend primarily on the contact with them of atmospheric organisms, but that their secondarily infective character does; in other words, that atmospheric organisms *per se* are not necessarily a source of danger, nor do they predispose to the formation of inflammatory exudates, but they do exercise a baneful influence on the latter by rendering them infective. To quote his words, “they are not so much mischief-makers as mischief-spreaders.” Two distinct functions are attributed by Burdon Sanderson to these organisms; one “of developing what may be called the phlogogenic infection, and that of conveying it to all parts of the body.” Ogston and Hueter, on the other hand, maintain, and furnish strong arguments for their views, that septic organisms are primarily the sources of all the inflammatory troubles to which wounds are liable, and that under aseptic conditions these dangers can be avoided.

The essentially weak point in the persistent and obstinate opposition to Listerism is the almost universal admission of the truth of the germ-theory of putrefaction. If the fantastic theory of heterogenesis had not long since been swept into the deserved limbo of other exploded doctrines, there would be some scientific standpoint for those opposed to Lister's theory and practice. But not having this, and admitting the truth of the germ-theory of putrefaction, they surrender their position. An attempt has been made by Mr. Lawson Tait to draw a distinction between the effects of germs on dead and living tissues, the only serious consequences being, it is alleged, those which result from their introduction into the system through

the medium of dead tissue. Such is the contention. In a word, it comes simply to this—that if the dead tissue factor were non-existent, the organisms would remain harmless; if, on the other hand, it be present, they become hurtful. But those who hold this view ignore the elementary fact that there never was a wound, and especially one in which vessels are tied or twisted, in which dead and living tissues were not at once brought into contact. Assuming, however, that this was not the case, has it not been shown on clear evidence by Dr. Burdon Sanderson that septic agencies generated in the organism may induce idiopathic inflammation without the medium of dead tissue? Also that, in acute peritonitis, septic organism can, through the medium of the lymphatic vessels, be conveyed into the blood streams, and, to use his words, “carry with them a phlogogenic virus, by virtue of which, wherever they lodge, they become the starting points of infective abscesses.” Again, that singular phenomena are observed in connection with ulcerative endocarditis, confirming the observations of Weigert that, in variola they find their way “in myriads” into the circulation, and eventually find a resting-place in the capillaries of the internal organs, where they become nuclei of infective abscesses.

Those who advocate and practice what they are pleased to term a “modified” antiseptic system, attempt, in fact, in a roundabout, clumsy, inefficient way, to do precisely what those who practice Listerism achieve by means which are the outcome of accurate scientific research.

It has been stated that ovariectomy should be considered the touchstone of the efficacy of the antiseptic treatment of wounds. I do not think so (although my successes in ovariectomy date from the time I adopted the system), and for the reasons given by Prof. Lister. First, the disposition of a large serous membrane to absorb rapidly the plasma from the cut surface, the absence of tension, the high vital power of the peritoneum in uniting after being wounded; and, lastly, that bloody serum is an unfavorable medium for the growth of micro-organisms, a fact directly at variance with the dictum of Keith, that it is the “enemy of the ovariectomist.” One of the best tests, if not the best, for the value of antiseptic practice, is resection of the knee-joint, as there are so many circumstances that militate against immediate union being maintained after it. In the first place, the cases requiring so formidable an operation are, as a rule, in a condition of great physical exhaustion consequent on long confinement, and probably protracted suffering of mind and body. The wound is of necessity a large one; the operation occupies a considerable time; two large freshly-cut bone surfaces are made, between which union is to take place; and, lastly, there is the great difficulty of keeping, no matter what ap-

pliance be adopted, the limb absolutely at rest during the process of union. Before the adoption of Listerism the surgeon anticipated that four, six, or eight months or longer, would elapse before union took place, and it was always a subject discussed at consultations on these cases, previously to operation, whether the patient would have strength to endure so protracted a suppuration. As an illustration of how changed matters are now, in a series of fourteen of my cases of excision of the knee-joint, the wounds in nine of them united without a trace of pus production; and in the last of them only two dressings were required subsequent to the one applied at the time of the operation, and in seven weeks after, the patient was up and going about. Another antiseptic triumph was the case of a boy with extensive necrosis of fibula, sinuses, and suppuration existing at the time of the operation. I excised subperiosteally the diaphysis of the fibula, and the case pursued a perfectly aseptic course, the evidence of new bone-formation being also incontrovertible.

From the fact of there being no pus-production subsequent to the operation, notwithstanding the pre-existence of suppurating sinuses, a special interest attaches itself to this case. I can only account for this exceptional circumstance as a result of the careful washing of the sinuses by carbolic acid and zinc chloride solutions.

As regards the hygienic effects of the practice, I may mention some facts of interest noticed by me and my colleagues in the hospital to which I am attached. The building is a very old one, and was not constructed originally for an hospital. None of the more modern arrangements, now considered so essential, as regards heating, light, ventilation, etc., exist. It is situated in a poor, very densely-populated part of the city, with tenement-houses, dairy-yards, cattle-sheds, and stables in the neighbourhood; and some of the houses in its immediate vicinity have been designated by the medical officers of health as "fever nests." When I was a student there, erysipelas and pyemia were not unfrequently observed after operations even of no great magnitude; hospital gangrene, too, I have seen several instances of—in fact, these three diseases constituted a grim trio of which the surgeons had not unnaturally a dread. Let it not be thought that the occurrence of these was in any way to be attributed to want of care and attention to cleanliness. No cases could in this respect be more conscientiously or carefully managed. What now exists? Hospital gangrene is an extinct disease; nor have we observed, during a period extending over six years, a single case of erysipelas, septicemia, or pyemia following an operation in which the practice of Lister was accurately carried out; *accurately*, for everything depends on that. The practice has been well compared to a coat of mail, which secures the wearer so long as it is perfect,

but any missing link in which may admit the *lethalis arundo*.

Similar testimony to what I and my colleagues can state, has been given by many foreign surgeons of eminence, among whom I may mention Von Nussbaum, Bardeleben, Thiersch, Von Langenbeck, Volkmann, Esmarch, Saxtorpf, Championniere, and many others.

Although I do not regard surgical statistics with the reverential awe that some do, who look upon them in fact, as a sort of tribunal beyond which there can be no appeal, I observe that in a record of upward of six hundred operations performed by myself and my colleagues at the Richmond Surgical Hospital, during the past three years—an institution which I have already spoken of as being hygienically in so unsatisfactory a condition—the mortality was 36 per cent.; and there was not a single case in which Listerism was accurately employed that was followed by any infective disease.—*Med. Press and Circular*.

A NEW METHOD OF REDUCING DISLOCATIONS OF THE HUMERUS AND FEMUR.

BY JAMES E. KELLY, F.R.C.S.I.

I shall confine my remarks to luxations of the humerus, and mention the circumstances under which I was fortunate enough to discover my method of reduction. Late one night a sailor, *æt.* 40, was admitted with subcoracoid dislocation. Was of remarkably muscular development, and a highly nervous temperament. After trying unsuccessfully some of the ordinary modes of reduction, I thought of controlling his resistance by chloroform, but I discovered such extensive valvular disease that I hesitated to produce anæsthesia. As patient suffered great pain, and was clamorous for speedy relief, I repeated my efforts, and exhausted every means of reduction with which I was conversant; until in a mental condition, intermediate between desperation and a vague sense of the utility of the measure, I turned my back toward the patient, who was on a mattress, and, lying across him, I drew my arm round his pelvis, and giving my body a sudden turn, or version, I was delighted by the agreeable sound and sensation which indicate reduction of a dislocation. The striking success of this expedient produced in my mind a train of thought which resulted in the elaboration of the method which I recommend, with a confidence based upon the extensive experience of over twenty successful cases, with but one failure.

For my operation, the selection of a couch or bed is of importance. It should be firmly fixed, and hard, and, when a choice is practicable, I pre-

fer it, for the subglenoid dislocation, to be about three inches lower than the great trochanter of the operator, whilst one lower still by a few inches, for the anterior dislocations, and a little higher for the posterior, allows the force to be applied advantageously in the direction of the glenoid cavity. Patient should be placed as close as possible to the edge of the couch, on his back, with his head low. In order to make the description of the procedure intelligible, I shall divide the operation into two stages. In the first, or preparatory stage, the operator places the injured arm at right angles to the body, and standing against it with his side to the patient and his hip pressed firmly, but not roughly, into the axilla, he folds the arm and hand of the patient closely round his pelvis, and fixes the hand firmly by pressing it against the crest of his ilium. The second stage during which the reduction is effected, is very simple, consisting merely of a rotation, or version of the surgeon's body into the position represented in the figure, with a force and rapidity which necessarily vary with the peculiarity of the dislocation—some yielding most rapidly to a sudden and powerful effort, and others to gentle and gradually increasing traction.



In reviewing this manœuvre I shall briefly contrast the substitutes which it affords with the recognized methods of making extension, counter-extension and coaptation. In the application of extension, instead of the grasp of the operator, which is often insufficient, the clove-hitch or other knot, the special bracelets, combined with flexion of the fore arm, bandages, chamois or adhesive plaster, I propose the simple folding of the arm, fore-arm and hand round the pelvis, which, forming a series of angles, distributes the resistance, so as to enable the operator, with one hand, to afford sufficient fixity for the application of the powerful extending force. For the limited strength of the

operator, the uncertain and mutually obstructive force derived from numerous assistants, or the dangerous and sometimes disastrous mechanical extension by pulleys or adjusters, I would substitute a perfectly controllable and easily sustained power of some hundreds of pounds, derived from nearly all the muscles of the trunk and of the upper and the lower extremities. Again, for counter-extension, which must have been a matter of great difficulty, when such means were necessary, as the split-sheet, the fixation-table, the albi, or the special belts, the numerous assistants, the suspension of a patient over a door, through a ladder, or from a ceiling, I suggest the weight of a patient's body and the resistance afforded by its traction or friction over the rough surface of the couch. For coaptation, in lieu of the various fulcra, such as the heel, the knee, or the bed post, as well as the special balls, the jack-towels, etc., I supply one which is safe and sufficient—safe, inasmuch as the well-padded gluteal region is unlikely to produce such injuries as laceration of the axillary vessels or fracture of the ribs; and efficient because, in the torsion of the body, the hip materially assists by forcing the head of the humerus towards the glenoid cavity, and by its volume it makes the extension tend to the desirable angle of 45° , which places the deltoid and supra-spinous muscles in the most favorable condition. For any additional "manipulation," the surgeon has the hand next the patient's axilla disengaged for such manœuvres as lifting the head of the humerus into its cavity, making traction upon it forwards or pressure backwards, according to the nature of the dislocation. The fixation of the scapula, a point of considerable importance, is secured by its position between the couch and the body of the patient, while its inferior angle is supported by the gluteal region of the operator.

One of the great advantages of this operation is the ease with which a surgeon can reduce almost any dislocation without assistance or the appearance of violent exertion; but should a case of peculiar difficulty present itself, additional extension may be applied by one or more assistants making mediate or immediate traction on the patient's arm; and the counter-extension is as readily increased by pressure on his uninjured shoulder or his pelvis. The importance of being able to dispense with anæsthesia in operations is indisputable, especially when the surgeon is summoned suddenly, and without assistance, as so frequently occurs in dislocations. My colleagues have informed me of seven dislocations occurring, and reduced by my method.

For posterior dislocations of the femur.—The patient is laid prostrate upon the floor. Three strong screw-hooks are inserted into the flooring close to the perineum and each ilium of the patient, and to these hooks he is secured by strong bandages or

rope. The injured thigh is flexed at right angles to the patient's body: the foot and lower extremity of the tibia are placed against the perineum of the surgeon, who, bending forward, with the knee slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upwards; but circumduction may also be practised; the surgeon, stepping backward, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations, in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction.

For anterior dislocations.—The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from the dislocation, affords counter-extension. The surgeon, with his face directed towards the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is effected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable direction, and at the same time pressing its head towards the acetabulum with the disengaged hand.—*Dublin Four. Med. Sci.*, Sept.

ECZEMA OF THE ANAL AND GENITAL REGIONS.

A very common accompaniment of eczema of these regions is a greater or less congestion of the portal and hæmorrhoidal circulation, manifested by a purplish congestion of the mucous membrane of the anus, or very commonly by a greater or less degree of internal or external piles. These latter may not be sufficient to be recognized by the patient, and yet be an element indicative of the existing state which must be regarded.

When this state exists, the well-known mixture of precipitated sulphur and cream of tartar should be given in sufficient quantity to secure one or two loose movements from the bowels daily. It should not be given with syrup, as this often ferments in the stomach, or acts injuriously in some other manner. The mixture should be equal parts of sulphur and bitartrate of potash, and the dose is one or two teaspoonfuls rubbed up with water into a paste, to be taken at night on retiring.

When there is no marked hæmorrhoidal congestion, use a pill of two grains and a-half each of blue mass and compound extract of colocynth with a quarter of a grain of powdered ipecac in each pill—two to be taken at night and two on the second night after, followed each morning by a Seidlitz

powder or Kissingen water. These pills should not be used at less intervals than a week or two.

If there is simply a sluggish action of the bowels, a pill may be used composed of one-half grain of extract alcô. Soc., with one grain of dried sulphate of iron and a little aromatic powder and confection of roses, one pill after eating. Much may be attained in the way of overcoming the constipated habit if these pills are used as follows: At first, one pill is given directly after each meal; in a few days the noon pill is omitted, and a few days after the morning pill also, and later the evening pill is required less frequently and finally omitted. They must be used until a daily action from the bowels is acquired. As a rule, it is unwise to give cathartic mineral waters to these patients, because these waters constantly stimulate the intestinal tract by too energetic action.

Next to imperfect bowel excretion, deficient kidney excretion is an element to be regarded. The urine of these patients is seldom that of health. Frequent micturition is not at all uncommon. Most of these cases require an alkali, and the acetate of potash seems to be indicated with a bitter, as—

- R. Potass. acet..... ʒj.
- Tinct. nucis vom ʒij.
- Infus. quassæ ʒvi.
- M.—S: Teaspoonful in water after eating.

This alkaline course may be continued during the entire treatment, and frequently for some time after the complete disappearance of the itching and eruption.

Not infrequently cases of eczema of the anus and genitals will be associated with oxaluria, and will be quickest relieved by strong nitric acid internally in doses of gr. ij after eating, largely diluted. [The well-known Mettauer's acid—equal parts of nitric and muriatic acid and water; dose, gr. iij-vij, in water, is often much more efficacious in these cases.—ED.]

The mixture of magnesia sulphate, sulphate of iron, sulphuric acid, and infusion of orange peel is of much service when there is a tendency to sluggishness of the bowels, which is not corrected by diet, etc., after a course of the pills mentioned.

The disease may be due to simple debility, in which case iron and other tonics are indicated.

Arsenic may be given as a modifier of the nutrition of the skin, but never as a curative agent or as a controller of congestion or inflammatory action.

Local measures are of as great importance as internal remedies in these cases. The soothing plan should be followed as far as possible. Hot water is a valuable remedy in relieving the congestion of the parts and the consequent itching, but it should be hot, not simply warm. The patient should sit on the edge of a chair and have a basin with very

hot water and a handkerchief in it. The latter is taken up and held in a mass to the an is or genital parts, as hot as can be borne, say for a minute, and then dipped in the water again, and the process repeated three times, the whole lasting not more than two or three minutes. Before the hot water is gotten ready, the ointment to be applied should be spread thickly on the woolly side of surgeon's lint, cut to fit the affected parts only, and put by for immediate use. After using the hot water, the parts are rapidly dried with a large, soft napkin pressed upon them, with *no* friction, and the ointment applied as quickly as possible, so as to exclude the air.

Ordinarily the hot water is to be used only at bed time, and the patient must not scratch the parts. But the hot water may be used more frequently if the itching recurs—though the ointment may be repeated once or twice during the day without the hot water. The ointment should never be rubbed in, but always spread on lint, and the fresh cloth should be ready to put on as soon as the other one is removed, in order to prevent access of air. Various ointments are used. A good one is—

R. Unguent. picis.....ʒj.
Zinci oxidʒij.
Ung. aquæ rosæ (U. S. P.).....ʒij.—M

This should be of consistence to spread easily and remain soft. Vaseline and cosmoline should not be used, as they rapidly soak in and leave the parts dry and exposed.

Another very effective ointment is—

R. Unguent. picisʒij.
Unguent. bellad.....ʒij.
Tinct. acon. rad.....ʒss.
Zinci. oxidʒj.
Ung. aquæ rosæʒij.—M.

The ointment of chloral ʒij, and camphor, ʒj to the ʒj, is an efficient antipruritic.

Lotions are often of service, especially in eczema of the penis and scrotum, and the following can be recommended:

R. Bismuth subnit.....ʒij.
Acid hydrocyan. dil.....ʒj.
Emuls. amygdal.....ʒiv.—M.

This must not be used if the skin is much torn or broken.

When the congestion has ceased, and there is still some thickening and a tendency to slight fissures in the skin, the green soap, compound tincture of green soap may be used—

R. Saponis viridis
Olei cadini.....
Alcohol.....aa ʒj.—M.

With this we need friction; and a piece of muslin or flannel is wet with the lotion and rubbed briskly over the parts for a few moments, and then it is

well to use a mild ointment. For this the ordinary zinc ointment answers very well, or subnitrate of bismuth or calomel ʒss to ʒj of unguentum aquæ rosæ. If a tendency to slight fissures of the skin still remains, we may touch the parts very carefully with the silver stick, and afterwards packing in a little cotton upon the parts. This must be used with caution.

Eczema of the female genitals presents some features still different from those in men, and is often very rebellious, but is, in the main, entirely amenable to very carefully directed treatment on the plan here detailed and that in a reasonably short time.—*L. D. Bulkley in N. Y. Med. Record.*

DIASTASIS OF THE HEAD OF THE FEMUR IN A CHILD.

Clinic by PROF. L. A. SAYRE, NEW YORK.

This case was that of a little girl eight years of age, sent on account of supposed hip-disease.

The father stated that she had always been lame, and that her left leg had always been shorter than the right. On examining her with great care no disease whatever of the hip-joint was found. The legs were parallel, and the shortened limb could be drawn to an even length. The leg could be flexed in every possible direction, but when the two were placed together the left leg was one and a half inches shorter than the other, and it lay perfectly parallel with the opposite limb; the foot was parallel also. If this had been the result of dislocation upon the dorsum of the ilium, the foot would be turned in; if it had gone on to the third stage of hip-disease, it would result in shortening of the head from absorption and enlargement of the acetabulum from carious degeneration, the foot would also be turned in and at the same time ankylosed more or less completely, and we would have that distortion or inversion and crossing of the limb peculiar to the third stage of hip-disease.

Standing the little child so as to expose her back, she had the appearance of lateral curvature, because the left leg was shorter and she was compelled to twist the pelvis to place the left foot on the ground. The lateral curvature depended, of course, entirely upon the shortened leg. The trochanter major on the left side was "clear up" near to the crest of the ilium, as was shown by Nélaton's test. The latter was given as follows: We pass a string from the tuberosity of the ischium around the thigh posteriorly to the anterior superior spinous process of the ilium, and if the femur is normal, the head in its acetabulum, that line ought to pass directly over the top of the trochanter major. That is called "Nélaton's test."

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Please refer to the very able article of Dr. D. W. BLISS, in *New York Medical Record*, July, 15th, 1832, in which he so frequently refers to BEEF PEPTONIDS, having been used to so great an advantage not only in the case of the late PRESIDENT GARFIELD, but many others as well.

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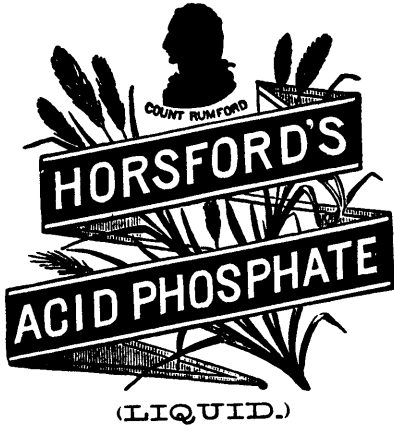
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The trochanter was one and a half inch above that line. When the neck of the femur is broken the trochanter also rises above that line.

The case was diagnosed not as one of diseased hip-joint but of diastasis. Nature had made an artificial joint, but not having any buttress, allowed the femur to glide upon the ilium, and had made the child lame and greatly deformed.

Dr. Sayre had made an instrument for bringing the limb down and retaining it there, so that nature might create a new joint in as favorable a position as possible.

In this connection allusion was made to a child brought to him when six years of age, in which he found there was no disease of the hip, but there had been a fracture of the neck of the femur. The leg was flexed nearly at right angles and quite firmly ankylosed. He broke up the adhesions, divided the tendons, and brought the limb to a natural position; then putting on a long splint, the leg was kept in that position until it formed an eburnated condition of the bone, and the head of the femur became rounded to fit this place, and made a perfectly good movable joint. The child ran around for some three years or more with simply a shortened limb, dying eight years after from a double pneumonia, and he obtained the ilium showing the acetabulum nearly obliterated. Previous to death, for two or three years the child could walk without any artificial aid whatever, with the exception of a high-heeled shoe to equalize the length of the limbs.

In describing the treatment, Dr. Sayre continued: Now, this is what I propose to do with this child. I intend to pull the limb out. Now, if I can keep it in that place and allow her to make free motion, it will thus give Nature a better opportunity for forming a new joint than if left to be pressed up on the dorsum of the ilium.

The instrument is simply a pelvis belt, with two perineal straps. On the outside of the distorted limb a shaft, as you see, runs down which connects with this belt by a moveable joint, and has at the same time a hinge which will either abduct or adduct, there is also a joint at the knee to allow the child to sit down; at the lower part of the shaft is another shaft running into the other, capable of adjustment, this terminates in a small axle running under the shoe, which axle fits into a little box. There is also a band which goes loosely around the knee to assist in retaining the instrument in position. In putting this instrument on, you have the pelvis belt go around just under the crest of ilium, and have the perineal bands buckled on either side, putting some soft rags between the bands and the perineum for a time every night with a little alcohol and alum.

Now the box for the axle being screwed fast to the shoe under the instep, the axle being slipped in and fixed, the pelvis belt fastened, and the perineal

bands buckled, the instrument is screwed out and adjusted by the application of a key. The limb is now extended until the trochanter major has passed nearly an inch below the lower border of the pelvis belt, which it remained against before the extension was applied.

Now, as the child stands up, you will observe that the limbs are of equal length and the lateral curvature has disappeared. The child then walked around with the greatest ease.

This is the first experiment on this child; had the case been diagnosed earlier there would have been a much better opportunity to get a good result than there will now be.

CONSERVATIVE SURGERY IN CHRONIC DISEASE OF THE ANKLE-JOINT.

The case was a boy who had come to the clinic a year ago with chronic disease of the ankle-joint. The foot was a shapeless mass and intensely painful, with numerous sinuses leading to dead bone, and had been condemned to amputation by three of the surgeons of the hospital. Dr. Sayre was not aware at the time of their conclusion, and determined upon the removal of all diseased bone. The House Surgeon thereupon removed the os calcis, astragalus, cuboid, scaphoid, and cuneiform bones subperiosteally with the periosteum elevator, the os calcis being removed almost in its normal shape; the remaining bones were taken out in small fragments.

The wound was then thoroughly filled with Peruvian balsam, so that all parts were covered from the effects of the air; Listerism carried out to perfection, the creosote in the balsam being the antiseptic. It was then filled with oakum, which kept the heel in shape, a flannel blanket was drawn tightly over the whole foot, and the leg firmly encased in a plaster-of-Paris bandage, the foot being held firmly in the normal position. After the bandage was set a fenestrum was cut through on either side of the foot and a large wad of oakum placed in either fenestrum, a roller bandage was then firmly applied to the whole limb, the plaster casing protecting the limb from pressure over the fenestra, while the internal stuffing being made of picked oakum, percolation could take place and no danger of pyæmia or septicæmia was to be feared.

The oakum was removed every day, the amount reapplied being daily diminished as the cavity became filled with osseous matter, until the amount of oakum applied became merely a thread (movement being given daily to the foot). The sinus was completely closed and an almost perfect foot secured, with the exception that the heel did not project to the normal position, but the motions of the foot upon the leg were almost equivalent to a normal joint, and the child walked with scarcely a perceptible limp. The only defect was in the

inversion of his toes from want of power in the peroneal muscles to evert the foot. The application of a little elastic band from his shoe opposite to the little toe to the outside of the leg, by giving slight elastic force would guide the foot in the proper direction and enable him to walk almost normally.—*Med. Record.*

DILATATION AS A CAUSE OF CARDIAC HÆMIC MURMURS.—Dr. George W. Balfour has been led to adopt the theory of dilatation of the heart, as a cause of all cardiac chlorotic murmurs through the following considerations:

1. *This theory is alone capable of explaining in a rational manner all the discrepancies in the prevalent theories of these murmurs.* The aortic orifice has been most frequently mentioned as the seat of the hæmic murmur. But although it is a basic murmur, it cannot be located at the aortic valve, since at its first appearance it is not propagated along the aorta or into the carotids. Neither can it be at the pulmonary orifice, for though its position of maximum intensity is in the neighborhood of the pulmonary artery, yet there are no causes for a murmur here that are not equally operative at the aortic opening. It has been referred by some writers to the mitral or to the tricuspid valve, but the universally recognized basic position of the primary hæmic murmur excludes this theory. Thus the position of this sound has been referred in turn to each of the four cardiac orifices. The only explanation of such a discrepancy is that the hæmic murmur is one which may be audible in all the positions described.

2. *It is thoroughly consistent with the results obtained by experiment.* When Marshall Hall was investigating the effects of loss of blood upon the system he observed that in the reaction subsequent to such loss the heart's action was "accompanied by a peculiar noise resembling that of the saw or the file." He recognised also the identity of this sound with the chlorotic murmur. Beau determined the fact that the murmurs following loss of blood resulted, not from the primary anæmia, but from the secondary spanæmia, a condition to which he gave the name of "serous polyæmia." He also found that this condition of the blood was invariably associated with a dilated and hypertrophied heart.

3. *This theory is perfectly consonant with clinical experience.* It is known that in chlorosis a similar condition of the heart exists, to that found in the "serous polyæmia" produced by repeated blood-lettings—dilatation and hypertrophy. The chlorotic murmurs are not due to anæmia, but to spanæmia, a condition in which the blood is not diminished in amount, though its nutritive and oxygenating properties are greatly lessened. The primary murmur in such cases is the venous hum

depending upon abnormal friction between the spanæmic blood and the venous walls. The next phenomenon observed is an accentuation of the pulmonary blood-pressure, the only possible cause for this being obstruction to the onward flow of blood. This latter, in a disease such as chlorosis, can only be due to a loss of tone and contractile force in the cardiac muscle. Less able to do its work, yet having no less work to do, the heart slowly dilates and at the same time slowly hypertrophies. As the heart dilates, the mitral and tricuspid valves become incompetent and give rise to murmurs. The regurgitation in the tricuspid causes pulsations in the jugular veins, and the abnormally large ventricular blood-waves give rise to systolic murmurs in the pulmonary and aortic areas. These murmurs are propagated along the carotids, and may be heard on the slightest compression in every artery in the body. Thus we have murmurs in every area of the heart in advanced chlorosis. The primary cardiac hæmic murmur is basic, is not propagated in any special direction, but radiates around the pulmonary area. On careful examination its position of maximum intensity is found to be the second interspace, from one to two inches to the left of the sternum. In this position the author states that he has always detected pulsation—at least during expiration. Occasionally this pulsation is so marked as to form a tumor, and has even been mistaken for an aneurism. Now, dulness and pulsation in this region are signs of dilatation of the left auricle; hence the author concludes that this murmur is propagated outward from the dilated appendix of the left auricle. This view receives further confirmation from a comparison of the primary chlorotic murmur with the similar murmur sometimes heard in mitral stenosis, which has been shown by Naunyn to be due to mitral regurgitation. The tense auricular wall is thrown into sonorous vibrations by the impinging blood-streams, the sound being conveyed to the chest-wall by the auricular appendix which lies in contact with it at the base of the heart. Since these two murmurs are similar in character and position, it is fair to assume that they arise under similar conditions.—*British Medical Journal*, August 26, 1882.

PAGET'S DISEASE OF THE NIPPLE.—It is of the utmost importance to come to a definite conclusion with regard to the nature of this disease, whether it is primarily of an eczematous nature ultimately terminating in cancer, or whether it is of a malignant nature from the outset, as the treatment of course, must vary according to the view we adopt. Prof. McCall Anderson has seen a number of cases of this disease and believes that in persons predisposed to cancer, any local irritant may determine an outbreak of the disease at the part irritated; thus we have frequently seen

an undoubted syphilitic disease of the tongue followed by cancer of that part, as the result of the long-continued irritation; and just in the same way it is possible for a simple eczema of the breast to prove the exciting cause of, and to be followed by, cancer of the mammary gland. But if we exclude these exceptional cases, we can arrive at no other opinion than that "Paget's disease of the nipple," is from the first of a malignant nature, and bears a somewhat similar relation to cancer of the breast that the so-called tylosis (or psoriasis) linguæ does to epithelioma of the tongue. Such being the case, it is of the utmost importance to distinguish true eczema of the breast from "Paget's disease of the nipple," towards which the following may be of assistance:

1. "Paget's disease of the nipple" occurs especially in women who have passed the grand climacteric. Eczema of the nipple and areola occurs especially in women earlier in life, and particularly during lactation, or in persons laboring under scabies.

2. Affected surface, in typical cases of Paget's disease, of brilliant red color, raw and granular-looking after the removal of crusts. Surface not so red and raw-looking in eczema, and not granular, but often punctated.

3. When grasped between the thumb and forefinger, superficial induration often felt, in Paget's disease, as if a penny were laid on a soft elastic surface and grasped through a piece of cloth (thin). Eczema is soft, and no induration.

4. Edge of eruption abrupt and sharply cut, and often elevated, in Paget's disease. Edge not so abrupt, and not elevated, in eczema.

5. Paget's disease is very obstinate, and only yields to extirpation or other treatment applicable to epithelioma generally. The other disease, although sometimes obstinate, yields to treatment applicable to eczema.—*Glasgow Medical Journal*.

THE DUTIES OF THE PHYSICIAN.—"Art is long, time is short, opportunity fleeting, experience deceptive, and judgment difficult." Such were the serious reflections of the father of medicine after he had labored with its problems many years, and accomplished more than perhaps any man who has practiced the healing art. In these days when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works, who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the St. Louis Courier of Medicine, is refreshing:

A friend once remarked to him, "Doctor, what

necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."—*Lou. Med. News*.

INFANTILE CONVULSIONS.—The adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions, is as follows: On arrival, the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently, a vomitive is given, which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If the convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes, and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse, M. Simon prescribes a four ounce potion, containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck, and left on about three hours, when it is replaced by a poultice of linseed meal, and gives very satisfactory results. M. Simon, in terminating, says, "such is the treatment that I have instituted in my practice of every day."—*Proceedings King's Co. Med. Society*.

TREATMENT OF CHOREA.—Dr. Bouchut's treatment *par excellence* of chorea consists in the administration of hydrate of chloral in large hypnotic

doses, even for children. He orders for a child six years thirty grains in *one dose*, the dose to be repeated every day and increased if necessary to forty or even sixty grains. The effect of this dose is six or eight hours' profound sleep, during which the child does not stir. After a couple of days the disease abates, and in about a fortnight the cure is obtained.—*Medical Press and Circular*.

BORAX IN EPILEPSY.—Dr. Stewart Lockie reports, in the *British Medical Journal*, the case of a boy of seventeen who had been subject to epileptic seizures for four years. At the time of admission to hospital they occurred about once a week. Bromide of potassium seemed to have some slight controlling influence at first, but the frequency soon re-appeared. On Nov. 28th, 1881, borax, in fifteen-grain doses three times daily, was substituted for the bromide, and it has been continued, with an intermission of nine days, during which the bromide was renewed, to this date (Oct. 21, 1882). From the time it was commenced no serious fit has occurred, and for the last six months he has had no seizure whatsoever. No skin eruption occurred; vomiting took place occasionally, if the medicine was taken before meals, and at one period he complained of sleeplessness.—*Med. and Surg. Reporter*.

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—Dr. Haley states, in the *Austrian Medical Journal*, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Lancet and Clinic*.

GALVANO-PUNCTURE OF THE PROSTATE.—Dr. Bredert (*Klin. Wochenschrift*), reports five cases of senile hypertrophy of the prostate, in which either one or both lobes of the gland were enlarged. Catheterization was impossible or could only be performed with great difficulty by bending the instrument. Having regard to the use of electrolysis in other tumors, the doctor tried it in three cases with very good results in diminishing the size of the gland. A needle electrode, insulated except at its point, was pushed into the enlarged

gland, and was connected with the negative pole of the battery while the positive pole was applied to the abdomen. Diminution of the organ took place with astonishing rapidity in one case after the third application.

TREATMENT OF EXCESSIVE SWEATING.—In the *Michigan Medical News*, Dr. Currie says that for over thirty years he has used the following prescription, without a single failure, in sweats from whatever cause: Alcohol, Oj, sulphate of quinine, ʒj. Wet a sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draught of air in doing it. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days, and his life despaired of. When he saw him he ordered him to be bathed immediately in the above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once.—*Med. Surg. and Reporter*.

DIPHTHERIA.—Dr. Lolli, of Trieste, uses exclusively the following mixture in the treatment of diphtheria, and in sixty cases the mortality was less than two per cent. the malady having a duration of but eight or ten days, and being but rarely propagated to the mucous membrane of the respiratory organs:

R—Ferri sesquichlorid. grs. xv.
Acidi carbol. pur., grs. xv.
Mel. rosæ, ʒ i.
Aquæ calcis., ʒ xv.

The throat is swabbed with this mixture every half hour, adults using it as a gargle, and it is, besides, to be taken in tablespoon doses, diluted, every second hour. Of course tonics and very nourishing food form most important adjuncts to the treatment.—*Journal Materia Medica*.

IODODORM SUPPOSITORIES FOR PILES.—R. Iodiform, ʒi; balsam of peru, ʒii; cacao butter, white wax, aa ʒiiss; calcined magnesia, ʒi. Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels and oftener if needed.—*Lou. Med. News*.

FISSURED NIPPLES.—Monti recommends that the nipples should be anointed with a (freshly-made) solution of gutta-percha in chloroform, just enough of the latter being added to make the solution fluid. As it dries it forms a protecting pellicle, which does not come off even after suckling.—*Le Practicien*.

THE CANADA LANCET.

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Criticism and News.**

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

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THE PAST YEAR.

Another turn of the wheel has brought us to the commencement of another new year, which, it is to be hoped, we all enter upon with bright prospects and high anticipations. In passing in review the year that has just expired, we are reminded of the fact that the times change and we change with them, that life is short, and that little is accomplished, unless by great diligence we improve each moment as it passes. That whilst the labors of many minds in different departments, and of many even in the same department, give us after all no great addition to the stores of medical lore we formerly possessed, yet in many instances the advance has been sufficient to lead us to hope for still greater achievements in the years that are to come. The most marked attention which is being bestowed during recent years, and notably during the one just past to the study of pathology, or rather the cause of disease, is a most gratifying sign of the times and one which lends encouragement to the hope that sooner or later great discoveries in this field of enquiry will reward the diligent student.

The subject of State medicine has received considerable attention both at home and abroad. The Ontario Board of Health brought into existence during the last session of the Local Legislature has been organized and brought into working order, and already some good work has been accomplished, with a fair promise of much that is better yet to follow. A Sanitary Convention under the auspices of the Board was held in St. Thomas in the month of September, and although not a suc-

cess in the ordinary acceptance of the term, was at least a fair commencement in this regard. A recent deputation to Ottawa has been kindly received by the Dominion Government, and favored with the promise of an endeavour to do something in the way of collecting vital statistics, as a beginning, which it is hoped will result in the establishment of a Sanitary Bureau for the Dominion. The International Congress of Hygiene met in Geneva, and was largely attended by representatives from all parts of the world. Dr. Covernton of the Ontario Board of Health, was present as the representative, we may say, for Canada. (For report see LANCET for November.) The meeting was a most successful one, and will no doubt contribute largely to the advancement of this most important department of medicine, in those countries where it is still in its infancy. The next meeting of this Congress takes place in Hague, Holland, in 1884, and we venture to predict that there will then be exhibited a much greater interest in sanitary reform, and a still larger attendance of representatives than ever before.

The meetings of the various medical associations and societies have been as usual well patronized, and much good work has been done in the way of advancing the highest interests of the profession. The second annual meeting of the Ontario Medical Association took place in June and was largely attended. Dr. Covernton of Toronto presided and a large number of interesting and valuable papers were read and discussed during the two days the Association remained in session. We hope to see a still larger attendance of members next year, a greater interest manifested in the work of the Association, and an improvement in the character of the papers, which should as far as possible be made to embrace the individual experience of members themselves. Dr. McDonald of Hamilton was chosen president, and the next annual meeting was appointed to be held in Toronto, on the first Wednesday in June, 1883.

The Canada Medical Association also held its fifteenth annual meeting in Toronto during the first week in September, under the presidency of Dr. Fenwick, of Montreal, and continued in session three days. The attendance was the largest yet reached in the history of the association and the papers read were of more than ordinary interest. The association was divided into two sections—medicine and surgery, which were presided

over by Drs. McDonald and Grant respectively. This arrangement, which proved most satisfactory, gave ample time for the reading and discussion of the various papers presented. Dr. Carpenter of London, Eng., was present by special invitation, and gave a very interesting address on "Vital Statistics." A committee was also appointed at the close of the meeting to press upon the Dominion Government the necessity for the collection of sanitary statistics, and for the enactment of such sanitary regulations as may be necessary in the interest of public health. Dr. Mullin, of Hamilton, was elected president, and Kingston was chosen as the next place of meeting on the first Wednesday of September, 1883.

The American Science Association, also held its annual meeting in August last in Montreal, under the presidency of Dr. Dawson. Nine hundred and fifty members registered their names, and two hundred and fifty papers were received in the different sections. The business was conducted in nine sections, and many distinguished gentlemen were present, viz; Dr. Asa Gray, Dr. John Rae, Dr. W. B. Carpenter, Dr. Kovalevski, Dr. Koenig, Dr. Houghton and many others of equal celebrity. Prof. Young of Princeton was elected president, and the next meeting will be held in Minneapolis Min. In this connection we may also state that the British Association for the advancement of Science, purpose holding their meeting in 1884 in Montreal.

The American Medical Association held its thirty-third annual meeting in St. Paul, Min. in June and was largely attended, upwards of nine hundred members having registered their names. The two points of special interest in the proceedings were, first, the action of the association with regard to the admission of the delegates from the New York State Medical Society in consequence of the society having adopted a code of ethics which permitted consultation with all legally qualified practitioners. The motion was referred to the Judicial Committee which reported against the admission of the delegates and the matter dropped. Second, the question of establishing a weekly Medical Journal, similar to the *British Medical Journal*, instead of the usual bulky volume of transactions, and a board of trustees was appointed with instructions to ascertain whether or not the profession would give pecuniary support to

maintain a weekly journal. The result has been that a sufficient number of subscriptions have been guaranteed to warrant the committee in entering upon arrangements for its publication after June next. Dr. John Atlee of Lancaster Pa. was elected president for the ensuing year, and Cleveland was selected as the next place of meeting on the first Monday in June 1883.

The British Medical Association held its 50th, annual, or Jubilee meeting in Worcester England in August. Dr. W. Strange presided, and there were upwards of seven hundred and fifty members present. The President in his opening address referred to the formation of the association in 1832, and also to the distinguished galaxy of names that marked that decade in medicine: Lawrence, Abernethy, Cooper, Latham, Marshall Hall, Brodie, Watson, Barclay, Gregory, Munro, Knox, Bell, Allison, Christison, Graves, Stokes, Colles &c. besides many celebrated names on the continent. He also referred to the establishment of the *Lancet* as the leading Medical Journal and its power in breaking down monopolies and redressing abuses within and without the profession. The address in medicine was delivered by Dr. Wade of Birmingham and was a review of the therapeutical methods of half a century ago. He also enlarged upon the progressive nature of medical and therapeutical science not only in the matter of new drugs but also in our knowledge of how better to use old ones. Dr. W. Stokes, of Dublin, son of the celebrated Dr. Stokes, delivered the address on surgery, in which he also passed in review the chief advances in surgery during the last half century. Those to which he gave special prominence were the discovery of anæsthesia, the antiseptic treatment of wounds, and subperiosteal surgery. The address was most eloquently delivered, the Dr. proving himself an orator of more than ordinary attainments. The work of the association was transacted in eight sections, in which many highly interesting and important papers were read and discussed. The receipts of the association for the past year were about \$50,000, and the number of members upwards of 9500.

Another item of interest, especially to a certain section of the profession in Canada, was the semi-centennial celebration of the McGill College Medical School. The event was celebrated in a fitting manner by a conversazione and banquet, and was

largely attended by representative men from all the leading universities in Canada, and several from the United States. Messages of congratulation upon the substantial evidence of success which had attended their labors in the past, and good wishes for their future prosperity were received from friends of the college in all parts of the country.

One of the most important events in the history of medicine during the past year, was the discovery by Koch of the *bacillus tuberculosis*. The tubercle bacilli are rod-shaped, and vary in length from a quarter to half the diameter of the red blood-corpuscle. They are present in tubercular formations, and in the sputa of phthisical patients, and by inoculation of these organisms the disease may be reproduced. For a time Koch's discovery seemed to carry all before it, but the sober second thought of scientists began to doubt the reliability and practical value of Koch's observations. Dr. Formad, of Philadelphia, after a most thorough investigation, is unable to confirm the statements of Koch, and alleges that purulent matter of non-specific character, introduced into the blood of certain animals, will be followed by phthisis; while on the other hand Dr. Schmidt, of New Orleans, a reputedly able and skilful microscopist, tells us that the bacillus tuberculosis is merely a rod-shaped crystal of margaric acid. Whatever be the nature of these so-called organisms, it is a question whether they initiate the disease or are merely present as the result of the degenerative changes in the tubercular matter, and act as carriers of the infection.

In the early part of the year Bizzozero announced the discovery of a third blood-corpuscle, colorless, round or oval, and about one-half to one-third the size of the red corpuscle. It is said to be somewhat similar to, but not identical with, the third corpuscle of Norris, and is believed to play an important part in the clotting of the blood.

With regard to medicine, pathology and therapeutics, much progress has been made during the past year. The treatment of epilepsy by the bromides has been the subject of investigation by M. Hublé in the Salpetriere, Ferrand, and Hughes Bennett. They all testify in favor of the bromides, although they have to admit many failures. Bromides of camphor, zinc, arsenic, sodium and potassium were the forms used. The first-mentioned was found especially useful when vertigo was a

prominent symptom, and as a sedative in cases of post-epileptic delirium and mania. The salt of zinc has a marked sedative influence on the medulla and spinal cord. It never causes cachexia or cutaneous eruptions. The bromide of arsenic in one grain doses greatly diminishes the frequency of the seizures. The bromide of sodium does not produce the profound cachexia which is sometimes produced by the potassium salt. Atropine has been used with very good success by Laskiewicz and Köllner in the treatment of epilepsy, when the bromides fail. Köllner injects subcutaneously about one-sixteenth of a grain, and states that it reduces the frequency and severity of the attacks, and the mental condition of those so treated is better than those treated by the bromides. Edlefsen and Benedikt have used curare in the treatment of old and severe cases, with great benefit. It may be given subcutaneously in doses of one-thirtieth to one-twentieth of a grain. PicROTOXINE is another remedy which has been used in this affection. Conyba reports a case where a cure was effected after four years treatment with this remedy. Dr. Alexander, of Liverpool, (*Medical Times and Gazette*), has treated a number of inveterate cases of epilepsy by ligation of the vertebral arteries. The success has been such as to warrant the procedure in certain cases which are not benefited by medical treatment. In the treatment of pneumonia bleeding has come into more frequent use as a means of lowering blood-pressure in all previously healthy adults. Dr. Alix, of Toulouse, (*Bull. Gen. de Therap.*) brings forward statistics to show the advantage of a liberal use of alcohol in the treatment of pneumonia. The use of the cold wet-pack has also been advocated by Dr. Flint, in the treatment of this disease. The directions are to employ the wet sheet whenever the axillary temperature goes above 103° F., the patient to remain in the sheet until the temperature falls to 102°. The subcutaneous injection of from 10 to 20 minims of sulphuric ether in the adynamic form of pneumonia has been attended with very beneficial results in several most unpromising cases, and is deserving of more general use.

Some interesting observations have been made regarding the presence of micro-organisms in croupous pneumonia. Observers have been at work in this field ever since the discovery by Reckling-

hausen of a micro-organism in erysipelas, and recently Friedlander, of Berlin (*Virchow's Archiv.*) has been rewarded by the discovery of micro-organisms in several cases of acute pneumonia. They were found in pairs, and sometimes in long chains, and especially numerous during the stage of red hepatization; also in the lymph spaces of the interstitial connective tissue, thus showing that they can pass into the current of the circulation and develop in the living tissues.

The treatment of phthisis by inhalation has received a fresh impetus since the discovery of the tubercle bacillus by Koch and Baumgarten. There can be no doubt that as an adjunct to other treatment it will be of great utility, but it can never take the place of constitutional and general treatment. Fränkel recommends the injection of antiseptics into the lung tissues in phthisis, fœtid bronchitis, and gangrene of the lungs. In a patient with fœtid expectoration he injected fifty minims of a five per cent. solution of carbolic acid. No fever or reaction followed. These injections are supposed to set up inflammatory action, and as a result cicatricial bands are formed which limit the tubercular process.

The investigations of Drs. Wood and Formad regarding the contagium of diphtheria seem to point to the identity of croup and diphtheria, and that all forms of inflammation about the throat and larynx are the same in kind, differing only in intensity, inasmuch as the micrococci in diphtheria are identical with those found in all buccal and pharyngeal inflammations, however slight. Micrococci are only found disseminated in the blood and tissues in the virulent forms of the disease, and their power of reproduction is most marked in malignant cases.

In the treatment of delirium tremens, Dr. Latham (Cambridge Med. Society) recommends in all cases the continuance of the accustomed stimulus, for a time at least, and that opium should be given very guardedly to those of broken down health and diseased organs.

In the treatment of acute rheumatism, salicin and the salicylates have nearly replaced all other methods of treatment. The results have been for the most part tolerably uniform and eminently satisfactory. It is especially in those cases of rheumatism which are characterized by the greatest acuteness and the highest temperature that these

remedies have achieved their most signal triumphs. Dr. Broadbent maintains, and his observations are borne out by our own experience, that when the salicylic compounds fail to control the disease at once, nothing is gained by their continued administration. He also gave it as his opinion that they had no influence upon the course of pericarditis or endocarditis; but that when used early they prevented the occurrence of these complications by hastening the termination of the disease. Dr. Green (*Practitioner*) recommends very highly, nitroglycerine in certain forms of heart-disease, especially angina pectoris. The dose is one drop of a one per cent solution in alcohol. The attacks may be warded off by the continuous administration of the remedy every three hours.—Dr. R. S. Smith, (*Brit. Med. Journal*), gives detailed histories of three cases of diabetes in his own practice, which all showed marked improvement under the influence of codeia. The improvement ceased immediately when the agent was withheld, and was renewed on its repetition. Dr. Owen. (*Ind. Méd. Gazette*), reports on the treatment of acute dysentery by aconite, based on one hundred and fifty cases. He gave it in minim doses (B. P.) every fifteen minutes for the first two hours, and after that, one minim every hour. The results were, according to his analysis of the cases, very satisfactory. In the *Bull. Gen de Therap*, M. Desplats gives his experience in the treatment of 51 cases of typhoid fever with carbolic acid. He asserts that after each dose the temperature falls and the nervous symptoms abate, and the condition of the patient is greatly improved. Dr. Balfour (*Brit. Med. Journal*), adduces the theory that dilatation of the heart is the cause of the so-called hæmic murmurs. He ascertained by experiments on animals, that the condition productive of a murmur is not properly one of anæmia, but of spanæmia. In this state, the cardiac muscle being relaxed and the volume of blood increased, a certain amount of dilatation was inevitable, and the current of blood regurgitating through the dilated mitral orifice sets the relaxed auricular wall into vibration, and thus produces a murmur. The use of caffeine in cardiac disease is strongly recommended by M. Huchard (*Union Méd.*) It acts more rapidly than digitalis, and in fatty heart, where the latter is contraindicated, it unquestionably does good. The dose recommended is four,

five, or even ten grains, five times daily, if necessary to produce the desired effects. He prefers caffeine to any of its salts. Dr. Fenwick (*LANCET*) in a paper on "Venesection in Heart Disease" says he is convinced that in valvular stenosis great benefit is to be derived from occasional blood-letting, if dyspnoea, pain, or urgent symptoms be present; also in cases of valvular incompetency if urgent dyspnoea, or cyanosis exist; and in cases of acute pericarditis or endocarditis. In *Wien Med. Woch.*, Dr. Benyan recommends the use of iodoform in the treatment of diphtheria. He applies it locally in powder, pure, to the patches of membrane with a camel's hair pencil every two hours.

In the field of surgery, general and orthopædic, much valuable and important work has been accomplished. Nerve stretching in cases of locomotor ataxia, obstinate cases of sciatica, neuralgia, etc., which is still on its trial has been practiced frequently during the past year, but the results have been far from uniform in favor of the procedure. In some instances fatal results have followed the operation. Sponge-grafting has received attention from Dr. Hamilton (*Edin. Med. Four*). Noticing carefully the part played by a blood-clot or fibrinous exudation in the healing of a wound, as compared with the process of vascularization on a granulating surface, it occurred to him that if he could employ some dead porous animal tissue it would in course of time become vascularized and replaced by cicatricial tissue. He therefore introduced small pieces of clean sponge, in a wound under treatment. The sponge was prepared by washing out the calcareous matter by means of dilute nitromuriatic acid, and subsequently washing in liquor potassæ and carbolic acid solution 1 to 10. After a time the interstices of the sponge were filled with organizing tissue, and as soon as it became vascular the epithelium spread over it and the healing process was gradually completed. In intractable cases of club-foot, Mr. Davy, of London, removed a wedge-shaped portion of the tarsal arch by means of a fine saw, the wedge in most cases including a portion of the astragalus, os calcis, cuboid, and scaphoid bones. Although it seems a somewhat severe operation, the results obtained by Mr. Davy would seem to warrant the procedure in certain intractable cases in patients not too young. Bony union results, but even should that fail, fibrous union would suffice. Dr. Phelps, of Chateaugay,

N.Y., recommends a new operation for club-foot, which consists in dividing *all* the resisting tissues across the sole of the foot down to the bones, and leaving the wound open, to heal by granulation. He claims very good results by this treatment, but it seems entirely too severe, and is not likely to find many advocates.

Several cases of gastrostomy have been recorded during the year. Most surgeons recommend stitching the stomach to the abdominal wall and leaving it thus for four or five days before opening, while Dr. Kraske (*Centralblatt*), on the other hand, advises immediate opening, on the ground that there is danger of the contents of the stomach escaping through the stitch punctures and exciting peritonitis. Prolapsus ani has been successfully treated by M. Vidal, by means of injections of ergotine into the protruding parts. He recommends this plan in long-standing cases, and says a cure may be expected in a few weeks. Mr. Haward (*Clin. Society, London*), reports a case of splenectomy for enlargement. The operation was most successfully and skilfully performed, but the patient, while the wound was being closed, showed signs of collapse, but was revived by artificial respiration, and subcutaneous injection of ether. Five hours after the operation vomiting commenced and she died the same evening. Mr. Marshall (*Lancet*); has performed an *unsuccessful* operation for excision of cancerous stricture of the descending colon, which he terms "colectomy," to designate the operation. The diseased mass which was removed with a piece of the intestine, was about one inch and a quarter long. Mr. Bryant has also performed a very successful operation for the removal of an annular stricture of the descending colon. The operation was the ordinary one for colotomy. This operation Mr. Bryant states was the first of the kind done in England. Mr. Harrison, of Liverpool, (*Lancet*), describes a new operation for the radical cure of varicocele. He exposes the cord by an incision about an inch in length, and separates the veins which are each tied in two places by a catgut ligature. To the small veins about the epididymis he applies the thermo-cautery. Dr. Sidney, (*Lancet*), recommends the subcutaneous application of ligatures to the veins when required in the treatment of varicocele, varicose veins of the leg, etc. Three antiseptic agents have been introduced into surgery, viz., glyceroborates of calcium and sodium,

and boro-glyceride. They are, it is claimed, very efficacious and free from all irritant or poisonous effects. The two former are powerful antiseptics, very soluble in water, but the latter is more soluble in glycerine.

The treatment of anthrax by the injection of a five per cent. solution of carbolic acid has been brought prominently into notice by Dr. Lopez Rubio (*El Sig. M.d.*). The injection was made subcutaneously into different parts of the carbuncle, and had the effect of checking its progress and rapidly diminishing its size. Other observers have had equally striking results from this method of treatment. Dr. Kelly, of Dublin (*Dublin Four. Med. Sci.*) advocates a new method of reducing dislocations of the humerus and femur, an illustrated description of which will be found in the present number. Several cases of removal of portions of the intestine for stricture and strangulated hernia have been reported; two or three very interesting cases will be found in the October number of the *N.Y. Med. Record*, by Dr. Fuller, of Grand Rapids, Michigan. One was a case of strangulated hernia, in which the Dr. removed five and a half inches of the bowel which was gangrenous. Another was a case of invagination, in which four inches were removed. In a third case a portion of omentum was cut off and the bowel returned.

In obstetrics and gynæcology many interesting cases have been reported during the year, but we have only space to mention a few of them. The use of antiseptics in midwifery practice has come to be regarded as a *sine qua non*, if we are to use all means to prevent septicæmia. A new method of introducing perchloride of iron into the uterus has been proposed by Dr. Von Teutleben, of Berlin. It is prepared in the form of solid sticks, and introduced into the cavity of the uterus by means of a porteaustique. It may be partly withdrawn again to remove any clots, and then reintroduced and allowed to remain. Capillary drainage after laparotomy has received considerable attention from Prof. Hegar. His method consists in the use of a glass drainage tube inserted into the wound, and plugging its outer extremity with absorbent carbolized cotton. This is changed frequently for the first twelve hours, and when the discharge ceases the tube is removed. Strands of cotton wick, enclosed in rubber tubes, have also

been used for the same purpose with advantage. Chian turpentine, which was so much vaunted by Dr. Clay, of Manchester, has been fairly tried and found valueless in other hands.

Dr. Baker, of Boston, publishes a very interesting paper in the April number of the *Am. Four. Obstet.* upon the early, complete, and repeated removal of cancer of the uterus. He recommends the entire removal, when practicable, of the cervix on a level with the os internum when this is the seat of the disease; and where it is impossible to remove the whole of the disease, he advises the free use of the curette, followed by the thermo-cautery, for the sake of the relief which is afforded the patient, and also the prolongation of life. His practice in these respects does not differ much from that of the leading gynæcologists of the day. Credé (*Archiv. f. Gynæk.*) gives his method of preventing ophthalmia neonatorum, which consists in cleansing the eyes with warm water immediately after birth, and dropping a single drop of a two per cent. solution of nitrate of silver into the eye. This plan has been adopted in several hundred cases, and in no single instance has the disease appeared during the first seven days. When the disease appears later Credé attributes it to some other cause than infection from the mother. Dr. Frank has cured a case of incontinence of urine in a woman, by removing a portion of the posterior wall of the urethra and thus narrowing the canal. The wound healed without a fistula, and the case was successful in its results. Dr. Fehling (*Arch. f. Gynæk.*) disapproves of rapid dilatation in stenosis of the cervix uteri, and advocates several longitudinal incisions, the knife being drawn from the os internum downwards. A glass tube, with holes in the sides, is then inserted and retained in position with a tampon. The tube is removed on the fifth day and a laminaria tent introduced, and dilatation kept up until the canal is of the proper calibre. Dr. Thornton (Obstet. Society) reports a case of extra-uterine pregnancy treated by antiseptic abdominal section with removal of the fœtus and the hypertrophied placenta, ending in recovery of the patient. He has also succeeded in successfully ligating the arteries of the uterus and ovaries, for the cure of fibroids. Dr. Alexander has proposed and carried into effect a new operation for certain displacements of the uterus, which the author assumes is caused by the laxity of the round ligaments. He makes an inci-

sion over the external abdominal ring, seizes the round ligament and shortens it by stitching it to the tissues around the ring. Dr. Adams (*Glasgow Med. Jour.*) had devised and performed the above operation, but was anticipated by Dr. Alexander's reported cases. Dr. Orsby (*Med. Record*) mentions five cases of dysmenorrhœa, which were successfully treated with calomel combined with opium. He regards the known efficacy of calomel in all hyperplasias as justifying its use in a complaint in which the hyperplastic element is recognized by all pathologists, and his experience confirms this view. Iodoform, which has been extolled so much of late in the treatment of surgical wounds, etc., has also been introduced into gynecological practice and the results of its use are said to have been very satisfactory. Dr. Fordyce Barker gives a case of chronic membranous dysmenorrhœa—which was completely cured by the introduction of a cone of iodoform into the cavity of the uterus every second day. It is also recommended by Weissenborg and others in chronic endometritis. It is used in gynecology in different forms—as a liquid, in solid cones, and in some instances it is blown into the uterus in powder. It may be rendered inodorous, by mixing half a drachm of balsam of Peru to the drachm of iodoform. Iodoform has also been used by Dr. Fraenkel, for the purpose of rendering sponge tents aseptic. The tents are first smeared with cerate or vaseline, and then coated with iodoform. They will be found on removal after 12 to 24 hours to be perfectly free from putrefactive odor.

A new sign of pregnancy has been observed by Jorissenne (*Archiv de Tocologie*). He maintains that while in health there is, as is well known, an increase in the number of pulsations of from five to ten beats in the erect as compared with the horizontal posture; in pregnancy the number of pulsations are the same without regard to position. At the last meeting of the British Medical Association Mr. Lawson Tait read a paper on "One hundred consecutive cases of Ovariectomy without any of the Listerian details. The mortality was only three per cent. Mr. Tait attributes his success to the abandonment of the clamp, the adoption of Keith's and Kœberle's method of carefully sponging out all fluid from the peritoneal cavity, complete abandonment of carbolic acid, and careful after-treatment.

The following new books and new editions of old ones have appeared during the year:—Midwifery, by Glisan; Eczema, by Bulkley; Diseases of the Nervous System, by Hammond; Manual of Histology, by Satterthwaite; Anatomy of the Nervous System, by Ranney; Diseases of Infancy, and Childhood, by J. Lewis Smith; Diagnosis and Treatment of the Chest Throat and Nasal Cavities, by Ingals; Treatise on Hernia, by Warren; Landmarks, Medical and Surgical, by Holden; Opium Habit and Alcoholism, by Hubbard; Epilepsy and other Convulsive Diseases, by Gowers; Science and Art of Midwifery, by Lusk; System of Surgery, 3 vols., by Holmes; Nurse and Mother, by Coles; Treatment of Hydrocele and Serous Cysts in General, by Levis; Chloral Hydrate in Diabetes, by Eckhard; Law of Slander, as applicable to Physicians, by Whittaker; Principles and Practice of Medicine, by Hartshorne; Nervous Diseases, by A McLane Hamilton; Students' Manual of Venereal Diseases, by Hill & Cooper; Handbook of Diseases of Women, by Brown; Electricity, by Rockwell; Index of Surgery, by Keetly; Diseases of the Eye, by Mauthner; Human Physiology, by Dalton; Surgical Disorders of the Urinary Organs, by Harrison; Uterine Therapeutics, by Tilt; Diseases of the Eye, by Noyes; Diseases of Children, by Henoch; Suppression of Urine, by Fowler; Elements of Pharmacy, Materia Medica and Therapeutics, by Whitla; Incidental Effects of Drugs, by Lewin; Tumors of the Bladder, by Stein; Health and Healthy Homes in Canada, by Dr. Sproule, Peter- ton, Ont.; Philosophy of Insanity, Crime, and Responsibility, by Dr. H. Howard, Montreal; Physical Diagnosis, by Dr. Bruen; Chemical Analysis of Urine, by E. F. Smith; Hemorrhoidal Disorder, by Gay; Diseases of Women, by Edis; Encyclopædia of Surgery, by Ashhurst; Cancer of Breast, by Munn; Organic Materia Medica, by Maisch; Homœopathy: What is it? by Palmer; Physiology, by Ashby; Text-book of Physiology, by Foster; Manual of Obstetrics, by King; Physiological and Therapeutical Action of Sulphate of Quinine, by Mason; Hypodermatic Medication, by Bartholow; Labor among Primitive People, by Englemann; Diseases of the Skin, by Duhring; Compend of Anatomy, by Roberts; Slight Ailments, by Beale; Cutaneous and Venereal Diseases, by Piffard; Nitro-Glycerine as a Remedy

for *Angina Pectoris*, by Murrell; *Course of Medical Chemistry*, by Draper; *Transactions of American Gynecological Society*, etc., etc.

During the past year the following among others of the profession, have ceased their labours:—Drs. E. Cook, Norwich; J. Allen, Adolphustown; J. B. Smith, Jerseyville; G. Lount, Norwich; A. J. Whitehead, Toronto; W. Philip, Manilla; H. H. Boullée, New Hamburg; W. Wilson, Dorchester, N. B.; J. P. Lynn, Toronto; C. W. Hiltz, Chester, N. S.; A. R. Lander, Frankville; W. Weir, Merrickville; H. Yates, Kingston; H. Orton, Ancaster;—McCay, Blairton; P. A. Munro, Montreal; F. H. Wright, Toronto; H. Bingham, Manilla; A. McKay, Beaverton; G. W. Campbell, Montreal; A. Maxwell, Bear River; J. McMurray, Toronto; H. H. W. Lloyd, Coldstream; H. E. Bissett, Hawkesbury; T. Blackwood, Pakenham; J. Salmon, Simcoe; A. Greenlees, Toronto; R. H. Wight, St. John's Que.; J. B. Bond, Yarmouth, N. S.; B. G. Page, Halifax, J. N. Reid, Thornhill; Hon. Dumouchel, St. Benoit, Que.; S. Richardson, Galt; A. H. David, Montreal; J. R. Dickson, Kingston; J. Fraser, Font Hill; E. Henwood, Hamilton; Hon. D. Campbell, Port Hood, N. S.; W. H. Bacon, Brantford; J. A. Sinclair, Colborne; R. P. Morden, London; W. Milne, Claremont; Thos. Payne, Sr. Toronto.

Among those who have passed over to the majority in other lands, may be mentioned Mr. South, F. R. C. S., Lon.; Profs. Draper, jun. and sr., New York; Pirogoff, Schwann, Sir Robert Christison, Dr. Joseph Pancoast, Dr. Geo. Budd, Dr. J. Hodgen, (St. Louis), Prof. James R. Wood, Dr. John Brown, (Edin.), Sir John Rose Cormack, Prof. Spence, (Edin.), Dr. Peacock, Dr. Andrew Buchanan, (Glasgow), Friedreich, Dr. W. H. Mussey, (Cincinnati), Prof. Balfour, (Cambridge), Mr. Clover, Mr. Critchett, Sir Thomas Watson, Prof. Pirrie, Dr. S. W. Thayer, (Burlington), Prof. J. Forst Meigs, Philadelphia and many others.

While the past year has not been prolific in great conflicts and catastrophes, it has yet had some worthy of notice. The war in Egypt, to which all eyes were directed for a brief period, and which at one time appeared as if it might involve all Europe in a clash of arms, was brought to a successful issue without very great sacrifice of human life. The medical corps in that campaign, although it received scant justice from the English

press, did its work admirably, and reflected great credit upon those in authority. The foundering of the steamer *Asia*, in the Georgian Bay, and the terrible suffering and loss of life, are still fresh in the memory of our readers. That such coffinships should be allowed to carry loads of freight and passengers, or even to go to sea at all in such a condition, reflects seriously upon our system of steamboat inspection. The terrible holocaust attendant upon the burning of the Poor Asylum in Halifax, N. S., is another instance of the want of care and forethought on the part of those in authority, and one that imperatively calls for more thorough Government inspection in all matters affecting the lives and comfort of our fellow-beings. A local outbreak of small-pox at Windsor, Ont., and similar outbreaks of typhoid fever and diphtheria in different parts of the Dominion, occurred during the year, but none of these were of very serious import. With these exceptions we may say that the health of the country was very good, trade flourishing, and the people prosperous and happy. In conclusion we wish our readers a happy and still more prosperous and propitious time in the new year upon which we have entered.

CO-EDUCATION IN MEDICINE.

The co-education of the sexes in medicine which has been on its trial in the Kingston Medical College, has, as was presaged by experienced educators, resulted in complete failure. The dissatisfaction which was felt by the male students for some time past in regard to joint attendance upon lectures, which had to be modified, and in some respects curtailed by reason of the presence of ladies, finally culminated in open rebellion. This action on the part of the male students was precipitated by the conduct of the ladies in rising up and going out in a body during Dr. Fenwick's lecture on physiology, because of some statement of fact in connection with the subject in hand which the students applauded, and at which the ladies took offence. These are the true facts of the case so far as we can glean, so that it is wholly a gratuitous assumption on the part of the friends of co-education of the sexes in medicine, to endeavor to lay the blame upon Dr. Fenwick and those medical colleges which were prepared to admit the students *ad eundem statum* when it was believed they had

actually left the Kingston school. As a good deal of misapprehension seems to have gained currency regarding the action of Trinity Medical College in this matter (although its position was precisely similar to that of Bishop's Medical College, Montreal, and the Western University Medical School), we are authorized to state that Trinity College in no way interfered in the quarrel, or gave the students any encouragement in their revolt. The authorities of Trinity Medical College received a telegram from Kingston, stating that a number of the students *had left the Kingston School*, and asking upon what terms they would be received into Trinity School. This, with no knowledge of the disturbance or its cause, was taken as proof that there had been some trouble that had ended in this unfortunate way. Under this impression the telegram was answered, stating the conditions on which students believed to have actually left their school might be received into Trinity. These were the same as had been laid down when, on the breaking up of the old Victoria Medical School, many of the students joined Trinity. Very soon the Trinity authorities found that the telegram had somewhat misled them, and that the trouble was not ended, but in progress, and that appearances seemed to indicate a possibility of its being all smoothed over. Immediately on this being known, the students at Kingston were congratulated by letter on the improved state of things, so different from what the telegram had seemed to indicate, and they were told that the telegram would not have been answered at all, had it not been supposed that the trouble had ended, and the hope was very warmly expressed that the future of the school might be even more prosperous than the past.

While we firmly believe in the principle of higher education for women, we have no faith in the success of the scheme for the co-education of the sexes in arts and medicine, now being pressed upon the attention of the college authorities. It can have but one result, which has already been manifested in the Kingston embroglio. With the view of obviating this and similar difficulties, we would suggest the establishment of a female medical college.

Mr. Labouchere, member of Parliament, lately stated in the House of Commons, "as a statistical fact, that those who wish to live long ought to sit up late."

VITAL STATISTICS.

On the 6th ult., a meeting of delegates from the various boards of health and municipalities in different parts of the Dominion waited upon the Minister of Agriculture in Ottawa, in reference to the establishment of Bureaus of Health Statistics for the various Provinces of the Dominion. It was urged that a measure should be introduced during the coming session to provide for the establishment of offices for the collection of health statistics in all the principal cities and towns of the Dominion, and that the \$10,000 voted last session in aid of such purpose should be supplemented by at least "another \$10,000." Boards of health are at work in Montreal, Ottawa, Toronto, Quebec, St. John, Halifax and Charlottetown, but with the formation of a Dominion Board of Health the statistics collected by these boards, and by others that may be formed, can be forwarded to Ottawa.

The following are the names of the gentlemen who composed the delegation: Col. Stevenson, Aids. Mooney, Boxer, Beaudry, Fairbairn, and Drs. Hingston, Howard, Larocque, Campbell and Mount, Montreal. Mayor Langelin and Drs. Roy, Rinfret and Dionne, Quebec. Drs. Canniff, Oldright, Playter and Geo. Wright, Toronto. Drs. Grant, Sweetland, S. Wright, H. Wright, Hill, Small, Valade, Robillard, Mark and Horsey, Ottawa. Mayor Fraser, Maloy, M.P.P., and Drs. Wickwire, Almon, Moren and Farrell, Halifax. Drs. Botsford, Bayard, Harding and Daniel, St. John, N.B. Dr. Conroy, Charlottetown, P.E.I. Dr. Orton, Fergus; and Dr. McDonald, Londonderry, N.S.

A deputation of the kind was proposed many months ago, but only quite recently was any decisive action taken in the different cities; and it was chiefly from the Montreal Board of Health that invitations were issued to the other boards. Some of the delegates urged the view that the statistics ought to be collected at once, as well from the rural districts as from the cities; and it required a good deal of argument to convince them that, while every one present desired that the statistics should be collected from the entire Dominion as soon as it were possible for the Government to adopt means for the purpose, it had been stated by Ministers that it would be quite impossible to

undertake this at present, as Parliament could not be expected at the present time to grant the very large sum of money which the work would require, and that all the Government could do now would be to make a commencement of the work of collecting. No one could dispute that under these circumstances it would be best to commence with the principal cities, whence, as the value of the returns obtained became manifest, the system could and would be extended to all parts of the country.

The delegates from Ontario and the Eastern Provinces were desirous that the Government should undertake, besides the collection of vital statistics, some other public health work, and take steps for the formation of a central bureau or board of health.

The following resolutions were eventually adopted :

Resolved,—That, in the opinion of the meeting, in order the better to prevent disease and preserve human life, it is advisable that the Dominion Government should organize and sustain a uniform system of vital statistics for the Dominion.

Resolved,—That, as immediate action is necessary, the Federal Government be invited to initiate at once a system of vital statistics where organized local boards of Health are established, so that the statistical information may be utilized by these bodies.

Resolved,—That, as Provincial legislative action is necessary, it is suggested to the Federal Government that it communicate with and secure the co-operation of the Provincial Government to pass such legislation as will harmonize with and obtain the object of the preceding resolutions.

Resolved,—That it is desirable that a central bureau of statistics be established, and if found to be within the province of the Federal Government, a comprehensive system of health returns.

Resolved,—That inasmuch as it appears by the British North American Act that matters of public health are delegated to the Local Government, this delegation has not included it with the subject of vital statistics ; nevertheless, they are of the opinion that it would have been better had it been under the direction of the Federal Government, and beg to suggest that an effort be made to obtain an amendment to the constitution in that direction.

Dr. Tache, at the close of the session, informed the deputation that he believed the Government would at once commence the collection of vital statistics in the capital cities of the Dominion, and all cities with a population of 25,000, and the appropriation of last session would probably be spent in furtherance of this object. The Hon. Mr. Pope entertained the delegates at dinner at the Russell House.

ROGERS' GROUPS.—One of the latest groups by this eminent artist is a Shakesperian one, and represents Othello, Desdemona, Cassio and Iago, at the time when the latter discovers Desdemona and Cassio in the garden together. and first excites Othello's suspicion by exclaiming : " Ha ! I like not that." Rogers' groups are now so well and favorably known both in the United States and Canada, for their natural perfection and artistic beauty, that they require scarcely a word from us in regard to their merits. They will form a most fitting Christmas present or New Year's gift, and become an heirloom in the family, a " thing of beauty and a joy for ever." See cut among advertisements.

R. H. RUSSELL, M.D., M.R.C.S., ENG.

One of the most prominent physicians in Quebec has passed away at the age of 63 years. Dr. Russell, who died on the 7th of December, practiced his profession in the ancient capital for upwards of 40 years. His name was almost a household word, and he enjoyed the confidence alike of the public and the profession in the highest degree. He was an M.D. of Edinburgh and M.R.C.S. of England, having studied his profession for many years under Dr. Douglas, of Quebec, and having obtained the medals of Sir James Simpson in obstetrics and gynecology, and the Munro prize in anatomy, as well as various other distinguished prizes. He took a warm interest in matters relating to the welfare of the profession. He was an ex-President of the College of Physicians and Surgeons of Quebec, and a Governor of that body for over thirty years. He was also an ex-President of the Quebec Medical Society, one of the originators of the Canada Medical Association, and was the first treasurer of that body. During the rebellion of 1837 he acted as surgeon to the celebrated loyal corps known as " Bell's Cavalry." He was an active, stirring character, who took a prominent share in the current events of his day. He was possessed of much originality, as well as great energy and independence of thought. His death is universally regretted, and leaves a blank which will not be easily filled. His brother, Dr. J. P. Russell, is one of the leading physicians of this city, and his son Dr. Henry Russell, of Quebec, is a worthy descendant of the good old stock.

ONTARIO BOARD OF HEALTH MAP.—Our city contemporary (December) says that "several persons have spoken to us about the unjust criticisms of the LANCET on this subject. That disinterested persons to whom it was shown declared in favor of the map as compared with the slips issued by the Michigan Board, and concluded with the choice remark that the *Lancet's* spleen is seemingly not yet frothed out." The *Medical News*, Philadelphia, (Dec. 16), one of the most independent medical journals in the United States, after briefly describing the map says: "But the reader wants naturally to know on what data the official announcements are made. As a health bulletin we are inclined to prefer Dr. Baker's statements of prevalence in Michigan." To use the elegant phraseology of our contemporary, What is the *News'* "spleen seemingly frothing out about"?

OBITUARIES.—Sir Thomas Watson, Bart., M.D., F.R.S., author of the "Principles and Practice of Medicine," died during the past month at the advanced age of 90 years. He was elected a Fellow of the College of Physicians in 1826, and was President of that College since 1862. He was for some time Professor of the Practice of Physic in King's College, London, and was appointed one of the Physicians-in-Ordinary to Her Majesty in 1870. He was created a baronet in 1880.

Prof. Wm. Pirrie, of Aberdeen, Scotland, died on the 21st of November at the age of 75 years.

Dr. S. W. Thayer, of Burlington, Emer. Prof. of Anatomy in the University of Vermont, died on the 14th of November, aged 65 years.

The death of Dr. J. Forsyth Meigs, of Philadelphia, from pneumonia, is announced in our exchanges.

We regret to learn that the Hon. Dr. Ross, of Three Rivers, Que., has been seriously ill, but is now in a fair way of recovery. Dr. Dow, of Fredericton, N. B., has also been so low that his life was despaired of, but is happily recovering.

Alex. Jamieson, B.A., M.D., (McGill), has been appointed Prof. of Chemistry and Physiology in the University of Kansas City.

As we go to press we learn with deep regret of the death of Dr. Pyne, Sr., former Registrar of the Ontario Medical Council.

DIRECTORY FOR NURSES.—A Directory for nurses has been established under the auspices of the Toronto Medical Society. It will be in charge of Dr. McPhedran, 7 Wilton Avenue, and will be open at all hours of the day and night. Persons in want of a nurse will always know where to apply. This is an institution very much needed in all large cities, and we bespeak for it the support and co-operation of the profession.

NEW YORK POST-GRADUATE SCHOOL.—The New York Post-graduate Medical School has thus far met with gratifying success. The second term opens Jan. 8th, 1883, and continues until April 28th without intermission. It is hoped that, with its enlarged accommodations, improved facilities for instruction and increased corps of teachers it will meet with still greater success.

SUMMER SESSIONS.—The authorities of Trinity Medical College, and the Toronto School of Medicine, have decided to hold a summer session in their respective schools, and to combine the forces of the two schools in clinical instruction in the Hospital. The session will commence about the 1st of May, and continue twelve weeks. We are happy to be able to make the above announcement, and believe it will be another important step towards the advancement of medical education in Ontario.

MCGILL COLLEGE ANNUAL DINNER.—The annual dinner of the under-graduates in Medicine of McGill College, was held at the Windsor Hotel, Montreal, on the 18th ult., and was well attended. There were a large number of distinguished guests present, and a very pleasant evening was spent in toast and sentiment. The Dean, Dr. R. P. Howard, was prevented from attending by reason of recent domestic affliction, but sent the under-graduates a very kind letter, which was read by the secretary.

LECTURE ON THE "PRESERVATION OF HEALTH."—A very practical and highly appreciated lecture upon the "Preservation of Health" was delivered to the students of McMaster Hall, Toronto, on the 1st December, by H. E. Buchan, M.A., M.D.

NO THESIS REQUIRED.—The Senate of Toronto University has abolished the statute which requires candidates for the degree of M.D. to write a thesis.

PARLIAMENTARY HONORS.—Dr. McLennan, of Margaree, is a candidate for Parliamentary honors in the County of Inverness, N. S., rendered vacant by the death of Hon. Dr. Campbell. We wish the Dr. success.

CORONER —W. L. Gray, Esq., M.D., has been appointed coroner for the County of Renfrew.

Books and Pamphlets.

THE BUSY PHYSICIAN'S VISITING LIST, CLINICAL Aid and Daily Pocket Ledger. George S. Davis, Publisher, Detroit. 1882. Price, \$2.

This is a new list, but one which will undoubtedly win the favor of the profession. It is well filled with useful hints. It is adapted to any year, and when the practice is not extensive, may last for two or more years. The clinical record is a new feature, and will be found very useful.

THE PHYSICIAN'S DAY-BOOK, by C. Henri Leonard, M.D., Detroit, Mich.

This work is already well known for its neatness, compactness and convenience. It is not encumbered with any memoranda, but is a visiting list solely, and is very light to carry in the pocket.

THE MEDICAL RECORD VISITING LIST, FOR 1883.

This elegant and popular Visiting List has just been received. It contains all that is necessary in a pocket memorandum, and is most beautifully gotten up. For excellence of material and superiority of finish, it takes front rank among visiting lists. The internal arrangement of the work is all that can be desired.

THE PHYSICIAN'S VISITING LIST; ALSO THE VISITING LIST AND ACCOUNT BOOK combined, by George H. Dietz & Co., Publishers, Louisville, Ky.

This is a new aspirant for professional favor, and one that cannot fail to give satisfaction. The arrangement and convenience of the work commends it to the attention of physicians. The text is limited to those subjects of essential importance, such as notes on "poisons and their antidotes," "emergencies and their treatment," "artificial respiration," "disinfection," etc. It is elegantly and handsomely gotten up, and will be found a most excellent pocket companion. Dietz & Co. also

publish an improved Visiting List and Account-book combined, which does away with the necessity for "posting." The work is ingeniously gotten up, and is admirably adapted for the purpose intended.

WALSH'S PHYSICIANS' COMBINED CALL-BOOK AND TABLET. Seventh edition. Price \$1.50.

We have just received the new edition of Walsh's Call-book and Tablet for 1883. This list has been before the profession for several years, and is much admired for its compactness and convenience. The erasive tablet is a feature not belonging to any other physician's list and will be found very convenient for jotting down any little item which it may not be necessary to preserve. Another good feature is a column for the residence of the patient, number and street. It also contains a list of poisons and their antidotes, posological table, fee bill, directions for analysis of urine, post-mortem examinations, besides other useful information. It may be used at any time or for any year. It is an established success, and we have much pleasure in receiving a copy.

HAND-BOOK OF WATER ANALYSIS; By G. L. Austin, M.D. Boston: Lee & Shepard, publishers. Toronto: Willing & Williamson.

The object of this little monograph is to place in the hands of persons who are not professional or expert chemists, a ready method of determining water-analysis to the extent necessary to afford a correct idea as regards its wholesomeness or unwholesomeness for drinking purposes. It is well adapted for the purpose intended and will prove of service in the direction indicated.

Births, Marriages and Deaths.

In Toronto, on the 3rd of December, 1882, the wife of Dr. W. T. Stuart, of a daughter.

In Quebec, on the 7th of December, Dr. R. H. Russell, aged 63 years.

At Claremont, on the 15th of December, 1882, Dr. Wm. Milne, aged 43 years.

At Dalhousie, N. B., Samuel Shaw, Esq., M.D., in the 64th year of his age.

On the 20th of December, 1882, Dr. James A. Sinclair, of Colborne, Ont., aged 30 years.

On the 22nd December, Dr. L. E. Olivier, of St. Ferdinand, Megantic, Que., aged 34 years.

On the 29th of December, Dr. R. J. P. Morden, of London, Ont.

*** The charge for Notices of Births, Deaths, and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.*

Hydroleine and Maltopepsyn.

Having demonstrated conclusively during the past three years the superiority of Maltopepsyn formula over all other digestive remedies, as attested by the signatures of nearly all our leading physicians, I desire to keep it up to its present high standard, and I cannot do so and give one and one-half ounces for fifty cents, as I find upon figuring up my expenses of introduction to the profession and of doing business, and the high cost of the ingredients of Maltopepsyn, that I am at present, after three years of hard work, actually out money. Naturally desiring some profit, I am obliged to raise the price to 75 cents per 1½ ounce bottle, as I will not lower the standard of the article under any consideration.

I therefore ask your continued support in this my endeavor to give the profession a perfect and reliable digestive of home manufacture at as low a price as it can be produced and afford a living profit.

I desire to call your attention to the fact that Maltopepsyn given in from 1 to 5 grain doses, (according to the age and strength of the child), is a specific for most of infants' troubles, such as cholera infantum, etc.

One word in reference to Hydroleine and I am through. This remarkable remedy being Cod Liver Oil of the best quality artificially digested by the use of pancreatine, is of a necessity much more palatable when fresh and when made during the winter.

Notwithstanding the fact that I put four labels on each bottle, and large label on each ½ dozen package to call druggists' attention to the necessity of keeping the preparation in a cool place and to avoid freezing, and that I have further mailed each one a circular letter to the effect and asking them to purchase not over a four weeks' supply, so as to have it as fresh as possible, I find over one half pay no attention, but buy even a six months' stock, and keep it often in their show windows, subject to excessive heat.

I would call your attention to the fact that Hydroleine when fresh is a beautiful and perfectly digested oil, of the consistency and appearance of Devonshire Cream, palatable and highly nutritious. I intend in future to put the word "Winter" in red ink across the face of the inside bottle label on all Hydroleine made during the cool months (October to March, inclusive).

If you will at first see that the Hydroleine is fresh and right, the druggist will soon pay proper attention to the keeping of it, and you will have a remedy unequalled for the treatment of Consumption, Winter Cough, Affections of the Chest and Wasting Diseases, the Debility of Adults and for delicate children, invariably producing immediate increase in flesh and weight.

I might remark here that all Cod Liver Oil should be obtained fresh and should be kept in a cool place.

I shall be happy to mail printed matter on both remedies giving full particulars upon application.

Yours very truly,

HAZEN MORSE,

57 Front St. East, Toronto.

P. S.—Present prices are as follows:

Hydroleine, \$1.00 per Bottle, \$10.00 per Doz.

Maltopepsyn, 75c. per 1½ oz. Bottle, \$7.50 per Doz.

" in 8 oz. Bottles, \$6.50 per lb.

FOR CONSUMPTION AND WASTING DISEASES,
HYDROLEINE (HYDRATED OIL)

FOR DYSPEPSIA, INDIGESTION, ETC.,
MALTOPEPSYN.

Having for the past three years published the names of most of the leading physicians of Canada endorsing both these remedies, I will therefore now only give the names of a few of the profession, and will add the opinions of some of the leading Druggists throughout the Dominion.

JAS. H. RICHARDSON, M. D., TORONTO.
J. ALGERNON TEMPLE, M. D., "
J. H. MCCOLLUM, M. D., "
JOHN E. KENNEDY, M. D., "
O. S. WINSTANLEY, M. D., "
J. E. GRAHAM, M. D., "
J. H. BURNS, M. D., "
CHAS. WM. COVERNTON, M. D., "

JOHN REDFIELD, M. D., MONTREAL.
D. C. MACCALLUM, M. D., "
F. G. RODDICK, M. D., "
GEO. ROSS, M. D., "
JOHN T. FINNIE, M. D., "
GASPARD ARCHAMBAULT, M. D., "
W. B. BURLAND, M. D., "
CASEY A. WOOD, M. D., "
A. LAPHORN SMITH, M. D., "

FROM LEADING CHEMISTS AND DRUGGISTS.

144 ST. LAWRENCE MAIN ST., MONTREAL, NOV. 18, 1880.

I beg to say that Hydroleine is increasing in favor with the medical profession. It digests easily and in most cases rapidly, and brings up the weight of the patient. To prove which, several physicians have weighed their patients before beginning the remedy. My sales this month are larger than ever.

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

With reference to your Maltopepsyn, I would say I have never sold any preparation of the kind which seemed to give such universal satisfaction both to physicians and patients.

The increasing sales with the testimony of numbers who have obtained marked benefit from its use, show that Hydroleine is a great success.

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

We have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly, both over the counter and in dispensing. Many people who cannot take Cod Liver Oil take the Hydroleine with great benefit.

E. HOOPER & CO., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

We have very favorable news in reference to Hydroleine and Maltopepsyn. Their sale is increasing, and we have heard through medical men who have prescribed them that they both give entire satisfaction.

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15, 1881.

I have much pleasure in saying that numbers of my customers express themselves highly satisfied with the action of both Hydroleine and Maltopepsyn, and in consequence I find the sales increasing.

J. A. HARTE, Chemist and Druggist.

444 QUEEN ST. WEST, TORONTO, MARCH 4, 1882.

I have much pleasure in informing you that the sale of Hydroleine and Maltopepsyn is rapidly increasing, and the very best of results invariably follow their use. Leading medical men are ordering them freely, which fact is sufficient guarantee of their being reliable preparations.

HARRY SHERRIS.

171 KING ST. EAST, TORONTO, FEBRUARY 3, 1882.

I feel it a duty to the public and yourself to communicate to you the very satisfactory results effected by your Maltopepsyn.

JOSEPH DAVIDS & Co.

382 & 630 QUEEN ST., 324 SPADINA AVE., TORONTO, FEB., 1882.

I have been selling your Hydroleine and Maltopepsyn for some time past, and find it gives universal satisfaction.

JOSIAH GREEN.

243 YONGE STREET, TORONTO, 1882.

I have sold Hydroleine and Maltopepsyn since their introduction, and must say they have given entire satisfaction.

CHAS. W. HOWARTH.

BELLEVILLE, FEBRUARY, 1882.

We have sold both remedies and find them spoken of very favorably by both the Medical Profession and the Public.

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

BELLEVILLE, ONT., FEBRUARY, 1882.

In recommending Hydroleine and Maltopepsyn, we endorse the opinions of many of our customers who have used both.

JAS. CLARK & CO.

BELLEVILLE, FEBRUARY, 1882.

I believe Hydroleine gives general satisfaction. I have also received very good reports from the use of Maltopepsyn in cases where other preparations have failed.

A. L. GEEN.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

I have much pleasure in recommending your preparations of Maltopepsyn and Hydroleine, as they have given entire satisfaction wherever they have been used.

R. TEMPLETON.

BELLEVILLE, FEBRUARY 8, 1882.

I have much pleasure in assuring you of the general usefulness of your Hydroleine and the confidence bestowed upon it by those who have used it. One customer says respecting his child troubled with Chronic Bronchitis, "Nothing answers him so well; he thrives upon it."

W. R. CARMICHAEL.

BROCKVILLE, ONT., FEB. 13, 1882.

We have much pleasure in stating that for the past two years we have sold Hydroleine. It has given satisfaction, as the sales of it have been considerable, and we have had no complaints.

ALLAN, TURNER & CO.

LONDON, ONT., NOV. 24, 1881.

I have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly both over the counter and in dispensing. Many people who cannot take the Cod Liver Oil take Hydroleine with great benefit.

W. T. STRONG.

OWEN SOUND, JAN. 6, 1882.

The sale of your preparations, Hydroleine and Maltopepsyn, has been very large, giving satisfaction wherever used.

ROBERT WIGHTMAN.

WINGHAM, ONT., JAN. 11, 1882.

I have used Hydroleine and Maltopepsyn for over a year, and have the satisfaction of knowing that I can safely and confidently recommend them to my customers.

W. T. BRAY.

New Remedy for Teething Infants.

—MORSE'S—

GLYCEROLE OF CELERY COMPOUND

EACH FLUID DRACHM CONTAINS

Celery Seed,	-	-	-	-	-	4 grains.
Catnip Herb,	-	-	-	-	-	5 grains.
Chamomile,	-	-	-	-	-	2 grains.

Dose for teething infants 10 to 60 drops, according to age.

This remedy has been found to be a good and harmless substitute for the more powerful drugs so often used to quiet children. It is not necessary to speak of the advantages obtained by such a substitution, as they will be at once apparent to every physician.

Price for 4 oz. bottle,	-	-	-	-	-	50 cents.
“ “ 1 lb. “	-	-	-	-	-	\$1.20.

MORSE'S

Fluid Extract of Celery Seed

(APIUM GRAVOLENS.)

This remedy has of late been considerably used in the United States in Dropsy, Incontinence of Urine, and Liver Complaints.

Price per lb.,	-	-	-	-	-	\$2.50.
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1 lb. of the Extract represents 1 lb. of Celery Seed.

A four ounce bottle of each of the above new remedies will be sent free to any physician who is willing to pay express charges on same upon application to sole proprietor.

HAZEN MORSE,

57 Front Street East, Toronto.

SCOTT'S EMULSION

PURE COD LIVER OIL,

With HYPOPHOSPHITES of LIME and SODA,

PERFECT, PERMANENT, PALATABLE.

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

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

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE: I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried. Halifax, N.S., Nov. 19, 1880.

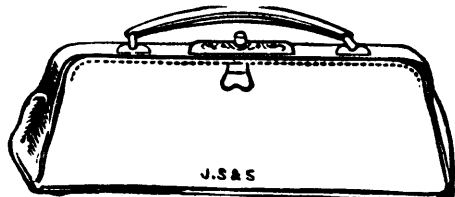
Messrs. SCOTT & BOWNE: Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market. W. M. CAMERON, M.D.
Truro, N.S., Nov. 15, 1880.

Messrs. SCOTT & BOWNE: I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits. W. S. MUIR, M.D., L.R.C.P. & S., Ed.
T. J. O. EARLE, M.D.

Messrs. SCOTT & BOWNE: I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient. St. John, N.B.
A. H. PECK, M.D., Penn. Med. Co lega.

SCOTT & BOWNE, Manufacturing Chemists, New York.

The Practitioners' Obstetric Bag.



Is 15 inches long, 6 inches high, containing 1 Barnes' Craniotomy Forceps, 1 Barnes' Long Midwifery Forceps, 1 Pair of Perforators, 1 Blunt Hook and Crotchet, 1 Frænum Scissors, 1 Catheter, 4 Stoppered Bottles, 1 Chloroform Drop Bottle in case.

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Lock and Fittings, engraved and gilt, price, complete \$26.00
Bag, empty 6.00

CLINICAL THERMOMETERS.

THE "PHENIX PERMANENT" WITH INDESTRUCTIBLE INDICES.
LOSS OF INDEX IMPOSSIBLE.



The only Thermometer in which both the scale and the index are absolutely permanent. A certificate is supplied with each Thermometer showing the deviation, if any.

PRICE—In Ebony Case \$2 25
In Nickel Case 2 50
Postage, 6 cents.

(Descriptions on application.)

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UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

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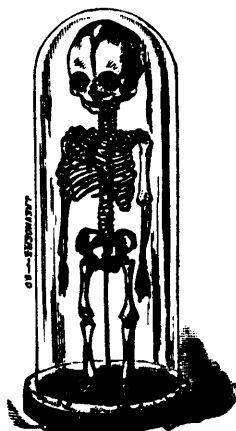
Orthopaedical Instruments,

SKELETONS,

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PREPARATIONS.



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

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Dr. J. Collis Browne's

ORIGINAL AND ONLY GENUINE

CHLORODYNE.

COUGHs,
COLDS,
ASTHMA,
BRONCHITIS.

DR. J. COLLIS BROWNE'S CHLORODYNE. This wonderful remedy was discovered by Dr. J. Collis Browne, and the word Chlorodyne coined by him expressly to designate it. There never has been a remedy so vastly beneficial to suffering humanity, and it is a subject of deep concern to the public that they should not be imposed upon by having imitations pressed upon them on account of cheapness, and as being the same thing. Dr. J. Collis Browne's Chlorodyne is a totally distinct thing from the spurious compounds called Chlorodyne, the use of which only ends in disappointment and failure.

DR. J. COLLIS BROWNE'S CHLORODYNE.—Vice Chancellor Sir W. Page Wood Stated Publicly in Court that Dr. J. Collis Browne was Undoubtedly the Inventor of Chlorodyne, that the whole story of the defendant was deliberately untrue, and he regretted to say it had been sworn to.—See **THE TIMES**, July 13th, 1864.

DR. J. COLLIS BROWNE'S CHLORODYNE is a Liquid Medicine, which Assuages Pain of Every Kind, affords a calm, refreshing sleep Without Headache, and Invigorates the Nervous System when exhausted.

DR. J. COLLIS BROWNE'S CHLORODYNE is the **G****R****E****A****T** **S****P****E****C****I****F****I****C** for **C****H****O****L****E****R****A**, **D****Y****S****E****N****T****E****R****Y** **D****I****A****R****R****H****O****E****A**.

The General Board of Health, London, Report that it Acts as a Charm, one dose generally sufficient.

Dr. Gibbon, Army Medical Staff, Calcutta, states:—"Two Doses Completely Cured Me of Diarrhœa."

DR. J. COLLIS BROWNE'S CHLORODYNE rapidly cuts short all attacks of **E****P****I****L****E****P****S****Y**, **S****P****A****S****M****S**, **C****O****L****I****C**, **P****A****L****P****I****T****A****T****I****O****N**, **H****Y****S****T****E****R****I****A**

From Symes & Co., Pharmaceutical Chemists, Medical Hall, Simla.—*January 5, 1880.*

To J. T. Davenport, Esq., 33 Great Russell Street, Bloomsbury, London.

"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent. We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhœa and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhœa, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

the substitution of any other than Collis Browne's is a deliberate breach of faith on the part of the chemist to prescriber and patient alike.

We are, sir, faithfully yours,
SYMES & CO.,
Members of the Pharm. Society of Great Britain, His Excellency the Viceroy's Chemists.

DR. J. COLLIS BROWNE'S CHLORODYNE is the **P****U****R****E** **P****A****L****L****I****A****T****I****V****E** in **N****E****U****R****A****L****G****I****A**, **G****O****U****T**, **C****A****N****C****E****R**, **T****O****O****T****H****A****C****H****E**, **R****H****E****U****M****A****T****I****S****M**

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

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

IMPORTANT CAUTION.

The **I****N****M****E****N****S****E** **S****A****L****E** of this **R****E****M****E****D****Y** has given rise to many **U****N****S****C****R****U****P****U****L****O****U****S** **I****M****I****T****A****T****I****O****N****S**.

N. B.—**E****V****E****R****Y** **R****O****T****T****L****E** **O****F** **G****E****N****U****I****N****E** **C****H****L****O****R****O****D****Y****N****E** **B****E****A****R****S** **O****N****E** **T****H****E** **G****O****V****E****R****N****M****E****N****T** **S****T****A****M****P** **T****H****E** **N****A****M****E** **O****F** **T****H****E** **I****N****V****E****N****T****O****R**,

DR. J. COLLIS BROWNE.

S**O****L****D** **I****N** **B****O****T****T****L****E****S**, **1****s.**, **1****/****1****d.**, **2****/****9**, **4****/****6**, by all Chemists.

S**O****L****E** **M****A****N****U****F****A****C****T****U****R****E****R** :

J. T. DAVENPORT, 33, **G****R****E****A****T** **R****U****S****S****E****L****L** **S****T****R****E****E****T**, **W****C**.

BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

SESSIONS OF 1882-83.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 20, 1882, and end about the middle of March, 1883. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon two regular courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

Faculty.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and diseases of Women and Children, and President of the Faculty
 FORDYCE BARKER, M.D., LL.D., Professor of Clinical Midwifery and Diseases of Women.
 BENJAMIN W. MCCREARY, M.D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.
 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
 W. H. VAN BUREN, M.D., LL.D., Prof. of Principles and Practice of Surgery, and Clinical Surgery.
 LEWIS A. SAYRE, M.D., Professor of Orthopædic Surgery and Clinical Surgery.
 ALEXANDER B. MOTT, M.D., Professor of Clinical and Operative Surgery.
 WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
 A. A. SMITH, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
 AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
 JOSEPH D. BRYANT, M.D., Professor 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 Diseases of the Nervous System, and Clin. Medicine, and Associate Professor of Principles and Practice of Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otolology.
 J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
 EDWARD L. KEYES, M.D., Professor of Cutaneous and Genito-Urinary Diseases.
 JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
 FREDERIC S. DENNIS, M.D., M.R.C.S., Professor Adjunct to the Chair of Principles and Practice of Surgery.
 WILLIAM H. WELCH, M.D., Professor of Pathological Anatomy and General Pathology.
 JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.
 LEROY MILTON YALE, M.D., Lecturer Adjunct on Orthopædic Surgery.
 BEVERLY ROBINSON, M.D., Lecturer on Clinical Medicine.
 FRANK H. BOSWORTH, M.D., Lecturer on Diseases of the Throat.
 CHARLES A. DOREMUS, M.D., PH. D., Professor Adjunct to the Chair of Chemistry and Toxicology.
 FREDERICK S. DENNIS, M.D., M.R.C.S., } Demonstrators of Anatomy.
 WILLIAM H. WELCH, M.D., }

FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M.D., Lecturer on Pharmacology.
 WILLIAM H. WELCH, M.D., Lecturer on Pathological Histology.
 CHARLES A. DOREMUS, M.D., PH. D., Lecturer on Animal Chemistry.
 T. HERRING BURCHARD, M.D., Lecturer on Surgical Emergencies.
 CHARLES S. BULL, M.D., Lecturer on Ophthalmology and Otolology.

FEEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures, Clinical and Didactic.....	\$150 00
Fees for Students who have attended two full courses at other Medical Colleges, } and for Graduates of less than three years' standing of other Medical Colleges }	70 00
Matriculation Fee	5 00
Dissection Fee (including material for dissection).....	10 00
Graduation Fee	30 00
No fees for Lectures are required of Graduates of three years' standing, or of third-course Students who have attended their second course at the Bellevue Hospital Medical College.	

FEEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures	40 00
Dissection (Ticket valid for the following Winter)	10 00

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

PROF. AUSTIN FLINT, JR.,
SECRETARY BELLEVUE HOSPITAL MEDICAL COLLEGE

MEADS ADHESIVE PLASTER

SEABURY & JOHNSON

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

Furnished in rolls 5 yards long, by 1 1/4 inches wide

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

BELLADONNA PLASTER

SEABURY & JOHNSON.

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

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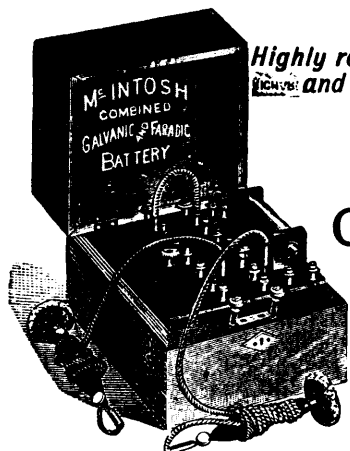
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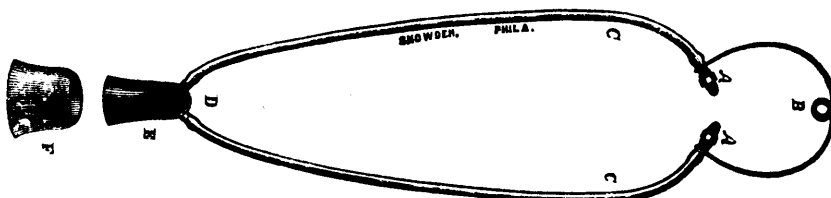
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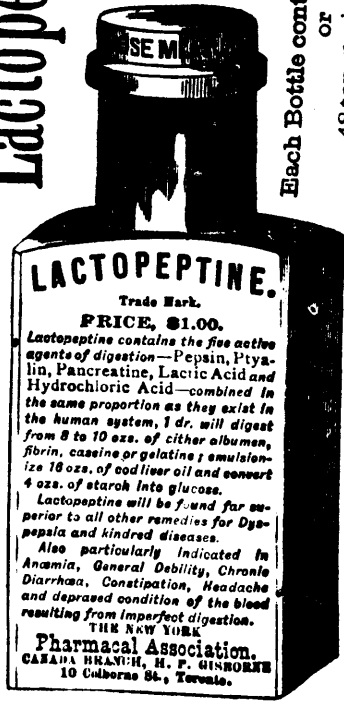
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