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THE CANADA LANCET,

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Original Communications.

REMARKS ON SYPHILITIC IRITIS.

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

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto; late Clinical Assistant Royal London Ophthalmic Hospital, Moorfields, and Central London Throat and Ear Hospital.

Inflammation of the iris due to the poison of syphilis, is of frequent occurrence, and owing to its often painless and even insidious onset, it sometimes happens that it is overlooked until extensive adhesions have taken place between the iris and the lens capsule, and irreparable damage has been done. Hence, in all cases of syphilis, great attention should be paid to any eye symptoms which may arise, as an early recognition and prompt treatment of this affection are of the highest importance.

Iritis may occur as a symptom of congenital or acquired syphilis, and in all the stages of the disease. In the congenital form, it is most common in early infantile life, although it may occur at or after the seventh year, in connection with interstitial keratitis. Occasionally one sees tags of adhesion as evidences of intra-uterine iritis, but more commonly it occurs after birth. Like the iritis of acquired syphilis, there is often an absence of pain and dread of light. Mr. Hutchinson¹ has given us a number of aphorisms bearing on this subject, which are so pertinent that I cannot forbear quoting them here in full:

"1. The subjects of infantile iritis are more frequently of the female than of the male sex.

"2. The age of five months is the period of life at or about which syphilitic infants are most liable to suffer from iritis.

"3. Syphilitic iritis in infants is often symmetrical, but quite as frequently not so.

"4. Syphilitic iritis, as it occurs in infants, is seldom complicated, and is attended by but few of the more severe symptoms which characterize the disease in the adult.

"5. Notwithstanding the ill-characterized phenomena of acute inflammation, the effusion of lymph is usually very free, and the danger of occlusion of the pupil great.

"6. Mercurial treatment is most signally efficacious in curing the disease, and, if recent, in procuring the complete absorption of the effused lymph.

"7. Mercurial treatment previously adopted does not prevent the occurrence of this form of iritis.

"8. The subjects of infantile iritis, though often puny and cachectic, are also often apparently in good condition.

"9. Infants suffering from iritis almost always show one or other of the well recognized symptoms of hereditary taint.

"10. Most of those who suffer from syphilitic iritis, are infants born within a short period of the date of the primary disease in their parents."

Iritis occurs in acquired syphilis rarely in the primary, more commonly in the tertiary, and most frequently in the secondary stage of the disease, in connection with skin and mucous eruptions. It may be the earliest secondary symptom, and then is usually mild; but more often it occurs between the third and sixth months after infection. It is also occasionally observed as a tertiary symptom, having been recorded as having occurred in the sixth year. Fifty to sixty per cent. of infected persons suffer from it.

Its onset is commonly painless and even insidious, aptly called by Fournier, "*début froid*." There is little dread of light; such a patient faces the light with eyes wide open, and hardly any flinching. Pain, if present, is worse at night, and is felt in the eye and around the orbit. A fine vascular zone of bright red vessels surround the cornea. That they are in the sclerotic and not in the conjunctiva, may be proved by the ability to move the conjunctival vessels by rubbing the lid without affecting the zone. It is said that a brownish tint of the vascular zone, as well as displacement upwards and inwards of the pupil, are characteristics

1. Syphilitic Diseases of the Eye and Ear, London, 1803.

of this form of iritic inflammation. Wells,² however, states that this is not the case, and that they are met with in persons free from syphilis. The cornea is generally clear, though sometimes keratitis is present. The aqueous humor is generally cloudy and has a peculiar dirty look; shreds of lymph may sometimes be seen floating in it. More commonly the lymph will be seen adhering to the iris, which is swollen or discolored, and the anterior chamber may be more or less filled by brownish, red or gray tumors. These are, according to Colbert, the gummata of Virchow; they spring from the fibrous groundwork of the iris, (parenchymatous iritis), and pushing the loose fibres aside, enter the anterior chamber. There may be two or more, and they may vary in size from that of a pin's head to that of a growth sufficient to completely fill the anterior chamber, and considerably raise the tension of the eye. I saw such a case at Galezowski's clinic in Paris in 1876. It was mistaken at first for diffuse corneitis, so perfectly was it applied to the inner surface of the cornea, and so uniformly grey was it. The oblique light, however, revealed its true nature. These tumors consist of fusiform cells, of newly formed cells and free nuclei. They do not differ in structure from ordinary gummy tumors. These tumors are considered characteristic of syphilis, but Wells³ reports having seen a case of Mr. Critchett's, in which there were "well-marked tubercles, (*i.e.* gummata), without the slightest evidence of syphilis." May it not have been a collection of fluid in the parenchyma of the iris, which did not go on to suppuration? The existence of other affections of the eye at the same time, as retinitis, neuritis, corneitis, etc., tends to confirm the diagnosis.

To resume, the *diagnosis* depends on the insidious and painless onset; if there be pain, it is principally at night; a muddy aqueous humor, the existence of gummy tumors, the presence of other eye affections, and a history of chancre, skin eruptions, etc. The pupil is contracted as in other forms of iritis.

The *treatment* consists in the early and persistent use of a solution of atropine (grs. iv., ad. $\bar{3}$ i). This gives rest to the iris, and by dilating it, prevents central adhesions. Of mercurials, I prefer, as

taught by Mr. Hutchinson, hydrarg. cum creta, in grain doses, three times a day, until slight tenderness of the gums is produced. The pain should be combated by hypodermic injections of morphia, if very severe, or in ordinary cases, by an ointment to the brow, containing Ext. bellad. $\bar{5}$ i., ung. simp. $\bar{5}$ i. When atropine cannot be obtained, or is unreliable, these drops may be used, (Ext. bellad. $\bar{3}$ ss. aq., dest. $\bar{5}$ i.) If the atropine does not seem to act well, two to four leeches should be applied to the temple. It will then be found to dilate the pupil rapidly. If the atropine, however, should still cause much irritation and swelling of the lids, it should be stopped at once, and sod. bibor. grs. x. aq. dest. $\bar{5}$ i. used instead, and when the irritation has subsided, atrop. sulph. zinci sulph. aa, gr. i., aq. dest. $\bar{5}$ i., should be used. When not contra-indicated by the irritation produced, atropine must be used frequently, every three hours, and in strong solution, grains iv—vi. to the ounce. If symptoms of poisoning should arise through idiosyncrasy, or from swallowing atropine by mistake, the best and most rapid antidote will be found to be subcutaneous injections of morphia (gr. $\frac{1}{4}$, $\frac{1}{4}$), to be repeated, if necessary, several times in the course of a few hours.

Occlusion of the pupil, or iritic adhesions, may necessitate an iridectomy subsequently, and breaking down of a gumma, excision of the globe.

The *prognosis* depends on the diagnosis being made early, and energetic treatment being adopted. Under atropine and mercurials, the recovery is often complete. Should, however, in spite of treatment, occlusion of the pupil take place, or the gummata break down, then the prognosis is very grave as regards the eye. A mild case of iritis may only last three or four days, whereas a more severe one will exist for weeks. There is much less liability to relapse in specific iritis than in the rheumatic and gouty forms.

IMPERFORATE RECTUM—OPERATION.

BY D. H. DOWSLEY, M.D., M.R.C.S., ENG.,
CLINTON, ONT.

Mrs. C— gave birth to a male child November 15th, 1878. After the birth the child was examined, and all the apertures found apparently normal. On the following day, 16th, I received a

2. Soelberg Wells' Treatise on Diseases of the Eye, 1873.

3. Op. cit., p. 167.

message stating the child was unable to urinate or evacuate the bowels, and that the nurse had given a dose of castor oil, but without effect, except to increase its sufferings. At my next visit I found the abdomen much distended, face livid, child in great pain, with considerable scrotal œdema. A very small sized silver catheter was carefully introduced into the bladder which contained but a small quantity of urine. The anus was then examined, and found, as before mentioned, apparently normal. A probe was then introduced into the anal aperture, but passed only about one inch. A large bougie was next passed and met with the same obstruction. Upon dilating the anus with a small bivalve speculum, no opening whatever was found, but an apparently perfect mucous membrane covered its blind extremity. Upon partially removing the lateral pressure which the speculum exerted, a slight longitudinal groove was observed, and upon distension again, a small whitish line, apparently non-vascular, appeared in the site of the slight groove just mentioned. Through this part of the membrane, I concluded to cut in search of the upper portion of the rectum, and after doing so to the extent of about an eighth of an inch, I encountered nothing but loose areolar tissue which I continued to separate through the speculum, by the aid of a tenotome. A few drops of blood here flowed, which was removed by a sponge dipped in a solution of chloride of zinc, when the bleeding at once ceased. After cutting through this loose tissue, a second somewhat tense membrane was met with, which appeared to bulge slightly, presenting a ridge instead of a groove, as at the first constricting point. This was at first simply scratched with the side of the tenotome until it yielded somewhat, when a distinct bulging was observed. A trocar and canula was then thrust through at the centre of the bulging portion, and upon removing the trocar, considerable gas escaped, followed by the contents of the rectum. About an hour after, the child urinated without difficulty. Patient was left till next morning, when a small bougie was passed. A bougie was passed through the constricting part daily until about the sixth day, when it admitted a No. 19 French. The scrotal œdema passed away in a few days. Each introduction caused a few drops of blood to flow for the first four or five days. Larger bougies were then introduced at gradually increasing inter-

vals, until their use was no longer required. This treatment was continued for about four months, the bougies being introduced latterly at intervals of from two to four weeks. To day the child is in excellent health, and has had no obstruction since March, 1879.

The length of the occluded portion of the rectum was about three quarters of an inch, and was composed of two tightly constricting portions, the first about an inch from the anus, the second an inch and three quarters, while between these two constrictions was areolar tissue, moderately loose, and requiring a knife for its division.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I understand that some of the candidates for re election in the Medical Council have recently endeavoured to throw the blame of all the discredit into which a most foolish policy has brought the Medical Council, upon the schoolmen, or the representatives of the medical schools in that body. As a matter of simple justice, allow me to give an emphatic denial to such a statement as affecting myself and the institution I have the honor to represent. What has contributed largely and most unfortunately to making the council odious everywhere, to students and to medical men as well, is the most unwise adoption of a considerable number of utterly useless, and very arbitrary regulations, which have been, one by one, sometimes several at once, pressed with singular persistency until adopted. The one which audaciously robs students by retaining their entire examination fees is one of the worst of these, and the others have been already pretty fully discussed in your columns. The faculty of Trinity Medical School have no sympathy whatever with any of these unwise and arbitrary regulations, simply because they hope that the council may not only *last*, but become popular with the entire profession. They would like to see an increase in the number of the territorial representatives, and an early re arrangement of the most awkward and unwieldy districts now existing. They would like to see the term of office shortened, so as to enable the profession to pronounce in say three, instead of five years, upon the course pursued by the gentlemen elected. They advocate the publication of the proceedings of the

Executive Committee in the medical journals ; the submitting to the entire profession of every detail of the expenses of the council year by year, and the examinations being public, so far as to admit any professional man who wishes to be present.

As the representative of Trinity Faculty I have always advocated these views, and shall if again honoured with that position continue to do so. We have no selfish, or school policy of any kind to carry out, but we do most sincerely wish to make the council so evidently a benefit to the entire profession as not only to secure its permanence, but to rally medical men and students equally around it.

W. B. GEIKIE, M.D.,

Member of the Medical Council representing Trinity Medical School.

Toronto, May, 1880.

To the Editor of the CANADA LANCET.

SIR,—I noticed in a recent issue of the *Globe* a copy of a petition, said to be in circulation in Toronto, having the following preamble:—"Whereas, we the loyal subjects of her most gracious majesty Queen Victoria, do find that the Medical Act infringes on public rights, by interfering with the free exercise and enjoyment of religious profession and worship" (?) etc., etc.

Can it be possible, Mr. Editor, that anyone outside of a lunatic asylum could be found to write such trash? I am not a betting man, but I would not be afraid to risk a small amount that the foregoing preamble and its context is the production of some half-witted dupe of the *Clairvois-Electro-Thero-Cura-Pathic* stripe,—a sort of hybrid no doubt,—a half free-love moralist and half abortionist. There are any number of the kind, spread not only over the city of Toronto, but scattered throughout different parts of the Province. The public cannot be too strictly protected against these would-be gifted scientists. They ply their trade by bluster and pretence, and attract the weak and credulous by their glittering pretentious signs, and wonderful stock of parchments, bought by the yard, from swindling institutions operating in some of the cities of the United States. One of these disease slayers and wholesale diploma possessors located himself in the town of Oshawa, for a time, under the patronage and fostering care of some free-love dentists. This connection afforded him

excellent facilities for carrying on the special line of practice peculiar to his class. His peculiar treatment brought about such unexpected results (to his patients), that he had to migrate suddenly. Collingwood, I think, is his base of operations at present. The pole of his battery (so he said) would "snuff out any disease in a twinkling of an eye." His patients were principally confined to a certain class. He rubbed some, soaked some, stewed some, and applied artificial and animal magnetism to a good many. The latter, in some instances, had a wonderful effect, especially with innocent and unsuspecting females. However sceptical this electrician may have been in Divine law, like the rival of Sarah Bernhart, he carefully complied with one of its injunctions, namely, "increase and multiply."

The Oshawa institution, like most of its kind, had a long scientific sort of title, and served at times as a sort of sanitarium for certain special jobs in the hands of his preceptor practising then in the vicinity of Markham, but now under exile.

The public are not competent to judge who should, or should not practice the profession of medicine, and are not, therefore, the proper parties to advise, or instruct the Legislature in such matters. It is to be hoped the profession throughout the Province will adopt active measures, if necessary, against any attempt to abolish, or modify, in any way, the protection to life afforded by the penal clauses of the Ontario Medical Act. Trusting the Medical Council will look sharply after the circulating petition, and also the class of imposters above referred to,

I am, very truly,

PRACTITIONER.

Oshawa, April 25, 1880.

To the Editor of the CANADA LANCET.

SIR,—How much longer are our medical students to endure the annoyance of having the President of one of our medical schools continued as Treasurer of the Ontario Medical Council? It is manifestly unjust to have any teacher in such a place, and very galling to the great majority of medical students to be compelled to pay their fees to a Treasurer who belongs to a school they do not attend. And it is passing strange that the Council should be so foolishly blind as to continue this annoyance year after year. Having had

students of my own strongly complain of this chronic wrong, I enter my protest and hope that this year will see the abuse reformed.

Very respectfully yours,

WILLIAM T. HARRIS.

Brantford, April 20, 1880.

Selected Articles.

ACONITIA IN NEURALGIA.

The affections known under the general name of neuralgia, which are so painful, and in the majority of cases so difficult to treat, have for a long time been the subject of constant investigation at the hands of a number of experimenters. Clinical experience has recently demonstrated the powerful anti-neuralgic action of crystallized aconitia, and the excellent results which have been obtained by the use of this remedy in the hands of Dr. Oulmont have fully confirmed the opinions in regard to it which have been already advanced. Aconitia, says Dr. Oulmont, is perfectly successful in such forms of facial neuralgia as are not correlated with other lesions, which are not intermittent, and which have not a well marked recurrence; in other words, in those forms to which M. Gubler has applied the term congestive, and which are most frequently caused by exposure to cold. In such cases aconite produces a rapid cure within two or three days. Dr. Oulmont has even seen a case of facial neuralgia of seven days' standing, in which there was no well marked periodicity, and which resisted sulphate of quinine, yield instantaneously and permanently to a quarter of a milligramme of nitrate of aconite. The results are more marked and rapid in cases of recent neuralgia than in those of long standing. Examples are quoted, however, in which the affection had lasted for periods of one month, two months, and even five years, but which had yet been cured, the first on the seventh day, the second on the third, and the last in three weeks. Aconitia has also a distinct effect in secondary neuralgia, as, for example, in dental caries, otitis, paraplegia, etc.

Acute rheumatic arthritis may be successfully treated with aconitia. In four individuals to whom this remedy was administered in doses, at first of half a milligramme per diem, increased gradually to one and a half milligrammes, a cure was effected, once in eight days, and once in ten days. The temperature fell from 39° to 36°, and the pulse in proportion. In the other cases the cure was equally obtained, but only on the fifteenth and eighteenth days respectively, whilst the dose was raised to two and a half milligrammes. The antipyretic action, however, was equally well marked, whilst the temperature fell on the eighth and ninth

days about two degrees. The results obtained by M. Gubler are also noteworthy. The results of four cases are published; in these the patients were treated with hypodermic injections of half a milligramme once or twice a day, whilst half a milligramme of aconitia, which was gradually increased till this quantity was taken two to four times a day, was administered internally. In these cases a cure was effected upon the sixth, ninth, twelfth and thirteenth days; in one case there was a slight stiffness of the joints. The influence of the remedy upon the painful symptoms was very rapid upon the second to the fourth days, whilst upon the fever it was slower, though not less marked. The effects are very remarkable, according to M. Gubler, in cases of neuralgia of the fifth.

Dr. Oulmont concludes his work with the statement that aconitia is a remedy of importance, since it acts in a certain definite manner upon the human organism, but from its activity it must only be employed in very small doses and at long intervals. Neuralgia is often accompanied by intermittent symptoms and well marked periods. In such complications quinine must be employed in addition to aconitia. On account of the energetic action of the remedy the susceptibility of the patient should be tested by administering, in the first place, three pills daily, each containing a fifth of a milligramme of crystallized aconitia in addition to five centigrammes of pure quinine; one in the morning, one at midday, and one in the evening. If no alleviation of the pain is experienced on the first day, the dose may be cautiously augmented by a pill per diem, until a maximum dose of six in the course of twenty-four hours is attained, and in the majority of cases it will not be necessary to overstep this limit. If slight diarrhœa occurs, the dose must be reduced. Physiological experiments and clinical observations, carried on in the Paris hospitals have shown us that these pills have a sedative influence upon the circulatory apparatus through the vaso-motor nerves, and it is concluded therefore that they are indicated in neuralgia of the fifth, in congestive neuralgia, in painful and inflammatory rheumatic affections, etc., etc.—*Practitioner*.

A MEDICO-LEGAL WARNING—HOW A YOUNG CLAIMANT MAY ARISE.

About two months before the period to which my article refers, I attended Mr. X—, who died of ischuria renalis. During his illness, his wife seemed to be assiduous in her attentions to him; but I was subsequently given to understand that the feelings then exhibited were very different from those which had been manifested previously. I merely mention this fact, as its importance will immediately appear.

On the 29th of December last, I received a note requesting me to call on Mrs. X. sometime during the day. As no urgency was expressed and I had many other patients to see, I did not make my professional visit to her till the afternoon. On entering the room in which she lay in bed, I was astonished to see a nurse sitting before the fire with an infant in her arms, and expressed to my patient my deep regret at not having called sooner; but at the same time I explained that I had no idea that it was a case of confinement to which I had been summoned, as there was no mention of it in the note, and as I was not even aware that she was pregnant. I was much pleased to witness the kindly spirit in which she received my explanation, especially when I thought of the severe pangs of childbirth through which she had just passed without any friendly obstetrical hand having been stretched out to help her. On making inquiries as to the time at which the child was born, I was still more astonished to learn that the event had taken place on the previous day at 5 p. m.; but, as that day had been very boisterous, I discovered that the same considerate kindness had prompted her rather to suffer the pains alone than to expose me to the inclemency of the weather. She informed me also that the child was born before the arrival of the nurse, and that a neighbor had kindly performed for her the necessary duties. I at once told her that no condition of weather would have prevented me from being with her, if she had only sent for me.

Up to this point, no suspicion of anything being wrong ever entered my mind; but, on now reflecting on all the circumstances of the case—the information which I had previously received regarding Mrs. D.; the fact of my never having observed any indications of pregnancy at the time of her husband's death; her never having bespoken my attendance at her approaching accouchement; and the extraordinary amount of consideration for my comfort, which had overborne all the pangs of a first labor, etc.—I began to think it possible that some deception was being attempted to be practised on me; and, having sent the nurse into an adjoining room, I proceeded to make an investigation of the case, on the pretext of seeing that she had been judiciously attended to. As her usual condition was that of anæmia, no special information could be gained from her appearance. The binder was properly applied, and the chemise was properly stained with blood; but, on making an internal examination, the condition of the parts at once proved to me that no birth had taken place on the previous day; and I therefore immediately said to her that the child was not hers, and that she had not borne it. In reply, she assured me with a solemn oath that the child was hers, and that she had borne it on the previous day. I repeated my statements, and told her that she need not

attempt to deceive me; but she again as solemnly as before denied my assertion. I then recalled the nurse, and, on examination of the condition of the remains of the cord, found that the age of the child did not correspond with the date which was assigned to its birth. Having again dismissed the nurse, I informed the patient of this fact, and asked her if she still adhered to her former statement; to which she now in a somewhat modified tone replied, "Do you say that it is not mine?" I then informed her that I was perfectly certain that such was the case. In a low voice, she then attempted to bind me over to secrecy, to which I would not consent, and gave her to understand that, if she did not give me a true account of the matter, I should call in the aid of the authorities. She now confessed that the child had been born by an unmarried woman in Leith Walk, whose name and address she gave me, and which I afterwards proved to be correct. The real mother had given birth to the child a day before this spurious one took to bed; and subsequently discovered that, though this latter had, by her own account, given birth to the child at five, the arrival of the baby at its destination did not occur till between seven and eight o'clock.

I need not here enlarge on the equivocations, prevarications, direct falsehoods, and manifest contradictions, by which she sought to assign a reason for the course pursued. Suffice it to say that perhaps the most touching of all was that she wanted a baby on whom to bestow her love. So exuberant in her case was this maternal affection, that it embraced even the after-birth, which, as I subsequently learned, had been requested to be sent along with the child, and seemed to have been as ardently desired as it. The following circumstance, which has since been communicated to me by a gentleman who was a friend of her late husband, will be seen to supply the true motive for the act. Mr. X. had left some property, and, as he had died intestate, she was of course only entitled to the widow's third; but, had she succeeded in her scheme, her husband's relatives would have been defrauded of their lawful rights. I have learned that, at the death of her husband, she had informed the gentleman to whom I have referred, and her husband's law-agent, that she expected to be confined in two months from that date; and thus the property had been tied up in expectation of this important event.

I at first suspected that the nurse was *particeps criminis*; but, on further inquiry, I was satisfied that she had been duped by the deep-laid scheme, of which her absence at the so-called parturition was a valuable factor.

I have called this a deep-laid scheme, and with what justice I have done so the following considerations will prove.

1. Her announcement to the legal agent, etc., that such an event was expected at such a date;

2. The date thus mentioned corresponding to her menstrual period:

3. The careful selection of the child, whose birth must correspond to that period, so that the available time was comparatively limited.

4. The method taken to secure the services of a respectable nurse, without admitting her to her confidence:

5. The long delay in summoning the nurse, as the placenta, though earnestly desired, had not been obtained, it having been thrown on the fire in the room in which the child was born immediately after its birth.

There is yet another phase in the plot which I have accidentally learned, viz., the hope which she from time to time expressed that the expected baby should have blue eyes. Though her wishes, of course, could not determine the result, I immediately suspected her motive, and ascertained from her brother-in-law that the color of the eyes of her late husband, when an infant had been light-blue; and that the blue predominated in after-life. The substituted child really had blue eyes, so that his claims to be the heir of *his deceased father* would have had another corroboration.

I have thought it right to record this case; for though it is the only instance of the kind which, to my knowledge, has occurred in my practice, extending over twenty-eight years, it is only due to my professional brethren to put them on their guard as to the possibility of such an occurrence in cases of confinement in which they happen not to have been present during any of the stages of labor. To ask for a sight of the placenta, and to examine the abdomen of the child, would in most instances be reckoned all that was necessary to give full satisfaction; but even these might, in the case of a dexterous deceiver, fail to expose the fraudulent action.—Thomas A. G. Balfour, M.D., F.R.C.P.E., Edinburgh, in the *British Med. Journal*.

ASPIRATION FOR ABSCESS OF THE LIVER.

At the last meeting of the Medical Society of Virginia, Dr. J. Marion Sims read a paper on abscess of the liver (*Virginia Medical Monthly* for January, 1880). In it he gives an account of the operation by Dr. W. A. Hammond, of New York, on Dr. E. S. Gaillard, the well known medical journalist, who was relieved of a very uncomfortable series of symptoms by the aspiration of an abscess in the right lobe of the liver, which Dr. Hammond had diagnosed from brain symptoms only. He also relates the subsequent history of another case operated upon by Dr. Hammond. The patient recovered health, went abroad, and having a recurrence of his former symptoms, by advice of Dr. Sims, consulted Dr. Brown-Séquard,

who said positively that he had never had abscess of the liver. Subsequently a physician in the south of France wrote to Dr. Hammond for information, and having the history confirmed, repeated the aspiration with the same satisfactory results as before. Dr. Hammond has aspirated the liver for abscess twenty six times in the last two years, and has drawn off pus in fifteen of these with good results to the patient's health. In the other eleven cases no bad effects followed the operation. He was, it is believed, the first to introduce this operation for the relief of the special hypochondriacal and cerebral symptoms often met with in this country and rebellious to all other treatment, and with the success that has followed it in his hands its employment is a notable advance in therapeutics. His method of diagnosis is to place the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla; then by gentle percussion at a point about two inches above the umbilicus, a little to the right of the median line, fluctuation may be detected by the fingers of the left hand. His method of operating on the right lobe of the liver is to pass the aspirator needle, antisepticised with carbolized oil, through the intercostal space between the eighth and ninth ribs, and about an inch forward of a line dropped from the axilla to the pelvis, pulling up the skin beforehand so as to make a valvular opening. It may penetrate the liver one and a half to two and a half inches; if no pus is met with at the latter depth, it may be concluded that no abscess exists. Abscesses, it is claimed, rarely occur elsewhere than in the right lobe.

Dr. Hammond's original paper on this subject was published in the *St. Louis Clinical Record*, June, 1878. We reproduce his nine propositions there enunciated:

1. That hepatic abscesses are probably much more common with us than is generally supposed.
2. That they may exist without any local symptoms, or such general disturbance of the system as is commonly regarded as indicating their presence.
3. That they may be associated with hypochondria and other evidences of cerebral disturbance.
4. That they should be opened at the earliest possible moment, and without waiting for adhesions to form between the liver and the abdominal wall.
5. That the proper place for performing the operation of aspiration is in one of the intercostal spaces. This point is strongly insisted upon by Dr. Davis in his memoir.
6. That the operation by aspiration is free from danger. Dr. Davis never saw any ill consequences from it, and Dr. Jiminez, of Mexico, states that of the hundreds of times he has punctured the

liver through the intercostal space for abscess, he has never once seen the operation followed by peritonitis. In a very admirable paper Dr. Tauszky, of New York, expresses the same opinion.

7. That in all cases of hypochondria or melancholia the liver should be carefully explored, and that, even if no fluctuation be detected, or any other sign of abscess be discovered, aspiration, being a harmless operation, should be performed.

8. That if pus be evacuated the operation may be expected to be followed by a cure of the mental disorder, as well as by the preservation of the life of the patient from the probably fatal consequences of hepatic abscess.

9. That if no abscess be found the patient will at least be no worse off than he was before.

The paper of Dr. J. C. Davis, alluded to above, appeared simultaneously with Dr. Hammond's first publication in the *New York Medical Journal* for June, 1878.—*Chicago Med. Gazette.*

TYPHOID FEVER AND THE SO-CALLED SPECIFIC TREATMENT—SPINAL SCLEROSIS.

The first patient brought in this morning will be the case of ambulant typhoid which was presented to you a week ago. As I told you then, such cases are rather rare. When we saw him at that time, it was the case of a man going about suffering from inflammation and ulceration of the glandular patches in the small intestine near its termination, which are the characteristic lesions of typhoid. The risk is so great in these ambulant cases that we could not allow the patient to continue going about; perforation and peritonitis would be liable to occur, and a fatal issue would naturally result. He was put to bed, and since then he has exhibited the characteristic fever of a remittent type, which we recognize as typhoid fever. The fever of typhoid is said to be of the continued type, but it is so only relatively, not absolutely. In health, as you know, there is a daily fluctuation in the bodily temperature, which attains its maximum in the early evening and its minimum in the early morning hours. The fever of typhoid shows the same variations—an evening exacerbation and morning remission. During the first week of the fever the morning decline is exceeded by the evening rise until the maximum is attained in the second week, toward the end of which we observe the morning remissions becoming more marked, until the temperature returns to the normal in the fourth week.

Upon the day of admission this man's temperature was 104° F. in the evening. You remember I told you that if the temperature did not go above 102° F. we would not interfere, but if it rose above this point we would rely upon a full dose of quinine

for an antipyretic action. The resident physician very properly gave him twenty grains that evening with decided effect. Now, the excursions of the temperature record are less—as it is the third week—preparatory to convalescence, which is nearly at hand. He has only two evacuations per diem; his tongue is cleaning, although still raw and glazed, and the hebetude is passing away. You must be struck with the improved expression and intelligent appearance of his countenance, and you notice that his mental condition is brighter than at the beginning.

There was a plentiful crop of the peculiar rose-colored erythematous eruption of typhoid. It is now disappearing, but still can be recognized. The distention of the abdomen and gurgling in the right iliac region are also less. Notwithstanding the diminution of the gurgling there is still some tenderness, and our patient is not yet free from danger. Notwithstanding the fact that it was a mild case, there may ensue a perforation of the intestine with serious results; we shall therefore still carefully attend to his diet, and keep him strictly in bed. While these ulcers of the intestine are only partially healed, if he were careless and ate indigestible food, a sudden development of flatus might distend the bowel, and cause a rupture and fatal collapse or peritonitis. This accident may occur both in light and in grave cases of typhoid fever, but it is a remarkable fact that perforation is more liable to take place in the ambulant cases than in the severer forms, and may be produced by a single apparently insignificant ulcer in the intestine. We should therefore always insist upon these precautions as to rest and diet in each individual instance of typhoid fever, although it may not be a very marked case of the disease.

In regard to the treatment, I have said that when the temperature rose we gave him a full dose of quinine with the desired antipyretic effect. He has had the so-called scientific treatment of Lugol's solution, five drops three times a day, well diluted. Upon this he has done very well. I pointed out, in the previous discussion of the case, that there were two main points in the mode of treatment, termed by the Germans the specific treatment for typhoid fever: calomel given early in the disease in ten-grain doses for three or four days during the first week of the disease; and the administration of iodine, either in the form of tincture or Lugol's solution. The latter form is preferable, and it is that which this patient has been taking.

From experience in other cases I consider the above method certainly an advance in the treatment of typhoid fever. It is not termed specific on account of any influence it has directly upon the typhoid fever, but from the power of the iodine to destroy the germs of the disease in the discharges of the intestinal canal, on account of its well-known antiseptic properties. The propagation of typhoid

is due to a peculiar *materies morbi*, which is supposed to be in the alvine discharges, and which subsequently finds its way into our bodies with our food or drink, or even through the inspired air, and there reproduces the disease. The mode of action of iodine upon these ferments has led to the supposition that it would be a useful agent in the treatment of typhoid, and experience has confirmed this view.

POSTERIOR SPINAL SCLEROSIS.

As this man walks in the arena, notice his peculiar method of locomotion. Observe his gait, the manner he has of swinging his foot around, describing a semi-circle, bringing his heel down with considerable force; he treads with weight, making some noise in walking. This affection gives a man rather an imposing gait, unless the difficulty is very far advanced.

Now, from the inspection of the man's gait, who will make a diagnosis of the case?

Let us note his history. The disease has existed for a long period, at least five years, and it was preceded and subsequently accompanied by acute neuralgic pains in the lower extremities, which he describes quite correctly as "lightning pains shooting down the legs." He also complains of a feeling of pressure or stiffness in the muscles of the calf; he has not noticed the sensation of a constriction tightly around his limbs, like a cuirass closely binding them, as is sometimes experienced in these cases. He has decided disturbances of sensibility in the lower extremities, especially a marked degree of numbness. To determine the physical condition of the parts, we will now have the limbs stripped, and apply certain tests to ascertain whether we shall obtain the normal reactions or not. We shall follow certain methods to determine accurately the condition of the muscular and other parts of the limb, and, indirectly, the general nervous system, to see if it shares in the affection. What are these methods? In the first place, we test the power of motion; interrogating the muscles to see if their mobility is impaired, and if so in what respect. This point we shall now ascertain. You have noticed that in walking he moves the limbs abnormally, and we ask, is this because they are weak, or is it simply disordered motion?

As he lies on his back, now, he kicks with vigor, although the movements are badly directed. As I now grasp his leg, with the knee partially flexed, I find that he uses considerable power in attempting to extend the limb; there is no muscular paralysis. The trouble in walking is, therefore, not due to want of muscular power, but to want of co-ordination in the muscles, which makes his movements appear awkward. This loss of co-ordination is observed even when he directs his attention to his efforts, but when his attention is called off, or his

eyes are shut, the condition becomes more marked; therefore we say that both voluntary and automatic co-ordination are disordered. I have pointed out to you that the mechanism in walking is partly volitional. In ordinary walking we are not conscious of any effort in using the muscles, but our attention is free for other objects, while the muscles regularly and rhythmically perform their functions, deriving their innervation from the spinal cord; these movements are automatic. If I should take up a pen to write, and there happened to be want of co-operation of the muscles, I would be unable to write intelligibly; the voluntary action would be affected, while the brain (apart from the special cortical centre for written language) would be intact. Applying our test to the patient, we find that if we talk to him while he walks he cannot walk well, but staggers; but when he directs his attention to the effort he is making he can walk better.

In order to walk with success, it is essential that sensibility should be unaffected, so that we can feel the resistance of the ground, or the surface we walk upon; we must be conscious of the feet pressing upon the ground. If this is imperfect, our movements are disordered. Therefore it is that plantar anæsthesia plays a large and important part in the troubles under discussion. We find that ordinary tactile sensibility, sensibility to heat and cold, and perception of pain—which are entirely distinct properties of sensory nerves—are not always equally affected. Let us try the sense of touch, for which we use the æsthesiometer, a pair of compasses with sharp points. At the same time that we ascertain the accuracy of his tactile impressions, we will also learn the rate at which impressions are transmitted to the cerebral centres. You know that even in health we do not perceive peripheral impressions immediately; it is only apparently so, although we think we recognize them at once. In this case, asking him to tell us when I touch his foot with the point of the compasses, you notice that the transmission of impressions is delayed; they take a longer time than in health to reach the brain. There is a perceptible interval between touching the surface and his perceiving it; we may say, therefore, that the transmission of tactile impressions from the surface to the centre is retarded. Now try his ability to distinguish heat from cold. Applying in succession hot and cold sponges, we find that he faithfully interprets temperature, and he is correct in his replies; he can distinguish heat from cold. Testing his appreciation of pain by pricking him with the points of the æsthesiometer, we learn that there is actually less numbness in the plantar surface than in the legs, although the perception of pain is sensibly impaired in both regions.

With the æsthesiometer two points are felt as one, one and one-half inches apart on the dorsum of foot; on the leg they are felt as one at two inches; so that the tactile sense is impaired, but not abol-

ished. Sensibility to touch, pain, temperature, we may, therefore, say is present, but is impaired.

This examination changes to some extent my opinion of the locality of the lesion in the spinal cord. I was disposed at first to locate the disease in the antero-lateral region, but as the disorder is mainly that of co-ordination the lesion must be located farther back, and mainly in the posterior columns.

His difficulty in walking is not so much due to the want of sensibility in the plantar surface, which at first suggested itself as the explanation, as to the marked want of co-ordination in the muscles concerned.

The electrical examination is necessary to complete our study of the case. You see the muscles respond perfectly to the faradic current, and contract energetically to a moderate current.

In the early stage of posterior spinal sclerosis, you remember that the disorder, as a rule, manifests itself first in the lower extremities, and afterwards extends to the arms in the second stage, or, in the opinion of some writers, in the third stage. Our patient has no trouble in his upper extremities; he can use his knife or fork in eating, and button his own clothes without difficulty. We infer that the disease is in its first stage, and has not involved the upper part of the spinal cord. What confirms our opinion as to the diagnosis and the localization of the affection in the lower part of the cord is the fact that the sexual functions are recently impaired; he has not had an erection for some time, and lately has had some nocturnal seminal losses. This sexual impairment generally belongs to the early symptoms, and usually precedes, rather than follows, disturbances of motility.

The disease is therefore still limited to the lower part of the spinal cord, and as the power of co-ordination resides in the posterior part of the structure we conclude that it involves mainly the posterior columns, making it a case of posterior spinal sclerosis, which now explains fully the attacks of fulminant pains that have so long annoyed him.

In considering the question of treatment, we find a general agreement of opinion among authorities that, as regards therapeutics, the condition is not encouraging. No one will dispute this who has had anything to do with the disease. The best results obtainable—palliation of symptoms and the arrest of the disease—are perhaps secured more satisfactorily with phosphorus than anything else. It should be given for a long time and in small doses (about one hundredth of a grain), for which cod-liver oil is a good vehicle. Some curative results have been obtained by this treatment. In order to maintain the nutrition of the parts affected, a weak continued current should be applied from the spine to the lower extremities; although this will have no effect upon the disease, it will materially relieve the pain. He shall therefore have the

constant current daily, in conjunction with the internal administration of phosphorus dissolved in cod-liver oil, of which he should take a teaspoonful, containing one hundredth of a grain of phosphorus, three times daily, after meals.—Clinic by Prof. Bartholow. *Cin. Med. News.*

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlor. *M.* xxx., every four hours; orders the joints to be kept at rest, wrapped in cotton if the patients desire it; and if they are very painful, small blisters (the size of a silver dollar) to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan:—Two drachms of potassium carbonate, $\frac{1}{2}$ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be added. If the attack is severe, blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid, in scruple doses. Not less than $\mathfrak{z}\text{ij}$. should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not infrequently effected in three or four days, but some stomachs can not bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely to exceed gr. $\frac{1}{6}$ a-day.

Should cardiac complication arise, the carbonate of ammonia (g. v. doses frequently), and infusion of digitalis, with hypodermic injection of morphia, should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substi-

tute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°-109° F., the cold bath is necessary to ward off certain death—*Prof. Bartholow in Med. News and Abstract.*

TREATMENT OF HÆMORRHAGE.

Dr. A. L. Ranney, in the *New York Medical Record*, gives the following concise rules for meeting all possible indications in the treatment of hæmorrhage:—

(1.) Always ligate the bleeding vessel in moderate hæmorrhage when convenient to do so. (2.) Use compression over the wound on the main trunk in moderate hæmorrhage when ligation of the wounded artery is inconvenient. (3.) In violent hæmorrhage enlarge the wound and tie the artery. (4.) As a rule never attempt ligation except when bleeding actually exists. The exceptions to this rule are, (a) in exposed vessels of large calibre demanding ligation as a safety measure; (b) in delirium tremens following an injury; (c) when necessity for transportation exists. (5.) Ligation should, as a rule, be applied at the bleeding point, and not remote from it. (6.) Use the external wound as a guide to your incision to reach the vessel, except when the wound exists on the side opposite to the vessel injured, when a probe may be cut down upon. (7.) Always use the greatest precaution to avoid needless loss of blood in reaching the vessel until the fingers can compress it. (8.) The artery when found should be tied above and below the wounded portion, and at a bifurcation three ligatures should be used. In case the lower end cannot be discovered, use compression in the wound as a substitute for ligation. (9.) A ligature should not be placed close below a large branch. (10.) In recurring hæmorrhages the treatment should depend on the color of the blood and on the severity of hæmorrhages. If the hæmorrhage springs from the proximal end of the artery, (a) tie if possible; (b) amputate if necessary; (c) use styptics and compression if both are impossible. (11.) Amputation is preferable to ligation, (a) when great swelling of the limb renders ligation difficult; (b) when exhaustion of the patient forbids further search for the vessel; (c) when competent assistance is needed and not attainable. (12.) In case a large vessel is injured without actual hæmorrhage, hot flannels to the limb are indicated as a preventive measure. (13.) In case an aneurism is the seat of the hæmorrhage,—provided the aneurism is traumatic in its origin,—it should be treated on the same principles as if it were a wounded artery.

THE FORCEPS, VERSION, AND THE EXPECTANT PLAN IN CONTRACTED PELVIS.—Dr. Wm. T. Lusk read a paper on the above subject before the New York Academy of Medicine, Dec. 18, in which he considered the management of labor in three varieties of contracted pelvis: 1. The flattened, non-rachitic pelvis; 3. The pelvis equally contracted in its principal diameters. The intent of operative interference was to save the child's life; in dead children, craniotomy held equal advantage. No case was known of a living child being delivered at full term where the conjugate diameter was less than $2\frac{3}{4}$ inches. If this diameter was $3\frac{1}{2}$ inches or more, no interference was demanded. Discussion should be limited to pelvis between these diameters. With such a pelvis, a cervix fully dilated, a favorable presentation and no complications, the expectant plan was the best. Version was indicated only when the child was nearly in the normal condition, the contraction limited to the brim and sufficient space in the transverse diameter. Extreme traction force in version might fracture the clavicle, humerus or skull, and produce other serious injuries to the child. He gave records showing for version a saving of 31 living infants out of 43, and all the mothers; for forceps, high operation, head above brim, 40 per cent. of children and 60 per cent. of mothers; for expectant plan 354 out of 407 children and all the mothers but 12. He described the Tarnier forceps, which he had modified somewhat, and claimed with them to be able to bring the head of the child from the brim to the floor of the pelvis in much less time and with less force than by any other method.

[The Tarnier forceps have extra traction handles curved posteriorly in order to admit of traction more in the axis of the superior strait.—ED. L.]

Dr. Isaac L. Taylor believed that, in the superior strait, the Tarnier forceps were not so good as the straight forceps. Within the limits mentioned by Dr. Lusk— $2\frac{3}{4}$ to $3\frac{1}{2}$ in. conjugate diameter—there was a vast difference of opinion among prominent obstetricians as to the best method of procedure in such cases. Dr. Lusk, in his demonstration, has applied the forceps over the occiput and face of the child. There was a difference of opinion also as to whether the application of the forceps in this manner was the best, some favoring it, and others, as Hodge, Wilson and others, applying the blades directly to the sides of the head. Dr. Goodell recommended to apply the instrument with one blade against the pubis and the other against the sacrum, but Dr. T. did not believe this had ever been done. Dr. Taylor rejected *in toto* the application of the forceps over the occiput and face and there was no advantage in doing so in a simple flat pelvis. More space could be obtained by bringing the coronal suture in contact with the promontory of the sacrum and applying the forceps

in the oblique diameter of the pelvis. The head could be fixed in that position by the straight forceps. Moderate compression was made, it was true, but it was not made antero-posteriorly—to which he was opposed in all cases—but upon the parieto-frontal portion. The important point was to know how to handle the base of the skull. If this came in contact with the sacrum and the straight forceps were applied, the operator being on the floor making traction, the instrument acted in the same manner as the Tarnier, downwards and backwards, and with to-and-fro movement at the will of the operator. If the head did not yield, version could be employed, to be decided on by the size of the child, of the fontanelles, etc. The chief point, as he regarded it, was simply whether with a head presentation and dilated os in a contracted pelvis, it was proper to attempt to deliver with forceps. He did not object to the attempt, but after making two or three reasonable efforts, and failing, version should be resorted to, aided by external pressure, which was here of the greatest importance.

Dr. T. Gaillard Thomas felt compelled to say that statistics had but little weight with him. He often thought of Sydney Smith's remark, "That there is only one thing more unreliable than figures, and that is, facts." In a case of labor in contracted pelvis, not below $2\frac{3}{4}$ inches antero-posteriorly, expectancy, at the beginning should invariably be practiced; even though convinced that the forceps must end it. The forces of nature should be allowed to mould the head and change its shape, and then the case might be terminated favorably; whereas, too early use of forceps might produce terrible results. So long as the foetal heart beat regularly, the maternal soft parts were cool and moist and the pulse between pains not accelerated, we could safely trust to expectancy. When the pulse became rapid, the temperature increased and the dangers of continuous pressure imminent, expectancy became a crime. In a case in good condition the question arose, "Shall the woman be delivered by the forceps or by version?" There was no other operation at our disposal. His convictions were: If the uterus did not clasp the child's body so firmly as to render turning exceedingly difficult, or the waters had not been so long evacuated that the result of turning would probably be dangerous from forcing the head up to the fundus, with the head above the superior strait or entered into it to some degree, version, as a rule, admitting of exceptions, was the suitable operation.

If the child had fairly entered the cavity of the pelvis so as to be fixed—rendering version unusually difficult—then the forceps should be selected. But having elected either operation, the choice was not final. Having failed with the forceps after using a justifiable degree of force, version might still be employed; or, version failing, the forceps might be used.

He thought that Tarnier's forceps was a great improvement on older instruments, but did not believe they would come into general use.

Dr. Fordyce Barker considered the vital condition of the woman as an element to assist in deciding between forceps and version; version producing more shock. There were certain rules relating to these cases which he regarded as established.

1. In that form of contraction of the superior strait called the oblique oval of Naegele's the forceps should not be used, but always version.

2. In that class of cases in which the contraction is at the inferior strait, with a straight sacrum, narrowness of the sub-pubic arch, etc., we should never resort to forceps, but always select version, if we can make the election by a sufficiently early examination.

3. In face presentations we should never use forceps when the head is above the superior strait and not engaged.

He would not say that the forceps should never be applied when the head was not engaged at the superior strait, for he had safely delivered several women, where it was necessary to save the mother's life, when the head was lying loose, not engaged at all. But if the face presented, he would not use forceps. He had, in three cases when the face had become engaged in the strait, delivered by the forceps by first flexing the head and converting it into a vertex presentation and partially rotating it; then taking off the blades, he had reapplied them as if it was a vertex.—*New York Med. Record.*

NERVE-STRETCHING OF THE SUPRA-ORBITAL IN NEURALGIA.—Dr. Masing relates (*Petersb. Med. Woch.*, December 20) the case of a woman, sixty years of age, who suffered for some years from fearful facial neuralgia, almost every branch of the fifth pair being implicated. No remedy had afforded other than temporary alleviation, and when she came under the reporter's care he determined to try the effect of stretching the supra-orbital nerve as being the only one of those implicated that was accessible. This was done January 30, 1879, the nerve hanging in a loop outside the orbit, and from that time all the most terrible symptoms ceased, and the patient progressively improved, so that by October 6 she was pronounced completely well, having undergone a relapse, brought on by cold, in April, which a few eight-grain doses of quinine mastered.

Dr. Goodell thinks laceration of the cervix uteri is frequently caused by premature rupture of the bag of waters. It is likewise produced by the forceps and, again, by attempts to push the upper lip of the os over the child's head. One-sixth of Goodell's women patients have laceration of the cervix. He thinks this is due to too much interference.

LITHOLAPAXY.

Litholapaxy is the name of a new operation for the crushing and removing of stone from the bladder at one sitting, an operation perfected by Dr. Henry J. Bigelow, and described with cuts, in the *Boston Medical and Surgical Journal*, January 8, 1880. The following is an abstract of Dr. Bigelow's paper, copied from the *Chicago Medical Gazette*.

This operation is safer than the old one of several short sittings, although it requires greater skill, and should be attempted only by experienced lithotritists. The experience of Dr. Bigelow demonstrates that the bladder will tolerate long operations, provided that the fragments, which are the real cause of subsequent inflammation, be removed.

is drawn and replaced by water from the bulb. The lithotrite is then introduced and the stone crushed. A large catheter is now passed into the bladder to evacuate the fragments, which fall at once to the bottom of the bulb, and remain there undisturbed by the current of air. If the side of the bladder, hanging loose, clogs the catheter, the bladder should be distended by the injection of a little water from the bulb, which will be retained in the bladder by closing the cock of the catheter. In pumping, a couple of ounces of water are gently moved backward and forward between the bladder and the bulb, once in a second or two. The short elastic tube between the bulb and the catheter prevents the jar of pumping from reaching the bladder. The tube should be held just off the floor of the bladder to avoid being clogged by the

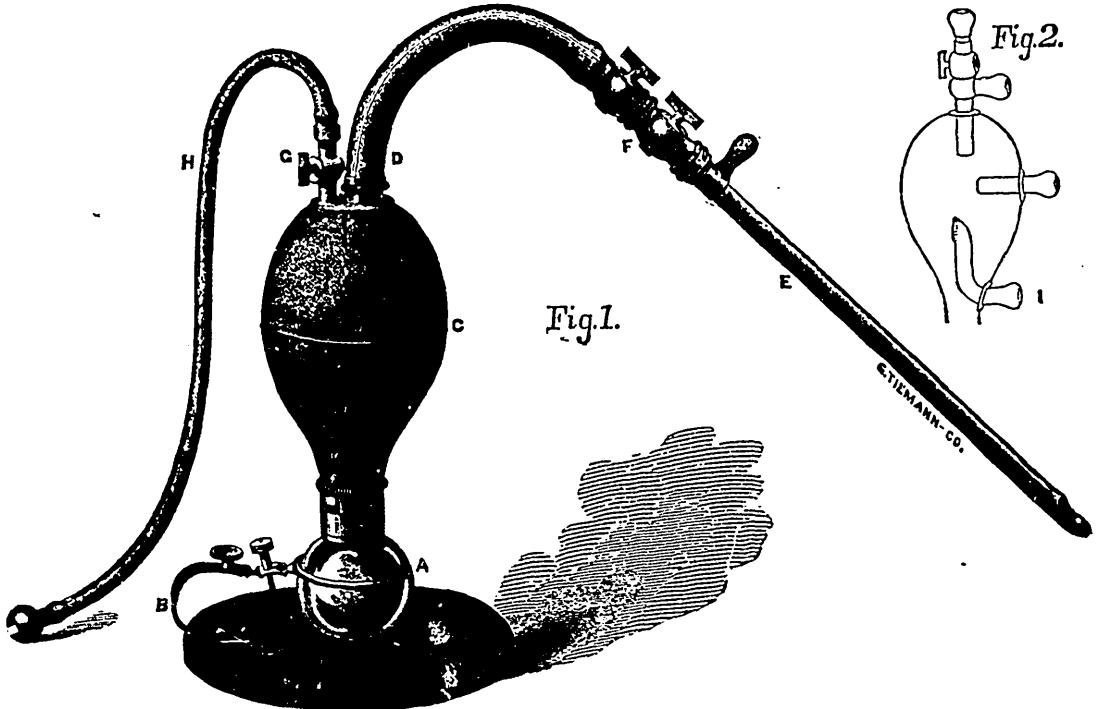


FIG. 1.—A, glass trap to receive the fragments forming, with the screw-catch B, which supports it on the stand, a ball-and-socket joint.
 C, Elastic bulb or bottle for pumping fluid in and out of the bladder.
 D, Elastic tube, five inches long. One end is attached to E, the evacuating catheter, and the other is continued into the bulb to form a chamber above its orifice for isolation of air.
 F, Coupling between the cocks of the evacuating catheter and the elastic tube.
 G, H, Small hose for expulsion of air and introduction and expulsion of water to and from the bulb, with a movable attachment at G.
 FIG. 2.—Diagram of a bulb used for experiment.

The operation depends upon the enlargement of the evacuating tubes, from the size of the common catheter to the largest (26 to 31 French) that the urethra will tolerate. The straight catheter or tube is preferred, because its position in the bladder may be more accurately determined than that of the curved. Its orifice is located on the side, a quarter of an inch from its end, to prevent obstruction by the bladder wall, and to facilitate its introduction. The operation is as follows: The urine

debris. A thorough sounding should follow the evacuation. I doubt the expediency of leaving fragments in the bladder. The operation would be absolutely dry did not a sensitive bladder occasionally contract and squeeze out a little water by the side of the instrument. Rapid lithotripsy was made easy when Otis demonstrated the fact that the capacity of the average urethra was very nearly 33. Sittings are now lengthened from a few minutes to an hour or more.

LARYNGEAL TUMOR INTERFERING WITH RESPIRATION AND DEGLUTITION — LARYNGO-TRACHEOTOMY.

The patient is a lady twenty-nine years of age, below the average in intelligence, moderately well nourished and regular in her menstruation. Her left knee is ankylosed, and to fill the measure of her misfortunes, about one year ago she began to experience difficulty in respiration, which gradually increased until her life was threatened by suffocation.

During her most quiet moments her breathing was labored and noisy and her voice husky, the least exertion materially aggravated her distress. Ascending a stairway, for instance, caused almost unbearable dyspnoea.

Each attempt at swallowing solid or liquid food was attended by a fit of violent coughing, strangulation and cyanosis; hence, for forty-eight hours previous to her call on Dr. B. she had abstained from all nourishment by mouth.

A laryngoscopic examination by Drs. Porter and Bauer disclosed the following conditions:

By the aid of the laryngoscope, a large mass, in outline smooth and regular, and unyielding to the touch of the probe, fills the entire posterior part of the space immediately below the vocal chords. Extending well to the front, it occupies at least two-thirds of the intra-laryngeal region. It is firmly attached by a broad base to the left posterior part of the larynx, just below the chord of that side. The left chord is immovably fixed near the median line, and is drawn downward, as though the inferior surface was already implicated. The right chord moves freely, and by approximating the other one already held in position, phonation is possible.

As an opening in the wind-pipe was deemed necessary to save life, it was decided to lay open the larynx and remove the tumor with the galvanocautery, if found practicable.

The operation was performed at this institution on February 14th by Prof. Bauer, Dr. Wm. Porter kindly assisting. After the trachea had been reached and the bleeding stopped, it was freely opened and air admitted to the lungs. The larynx was then divided, in the median line, its full length and the walls held apart by means of threads passed through the cartilage of each side, thus exposing the cavity. The tumor was found to be immovably connected by a broad base with the cartilage of the left side, its apex projecting over to the front and right side of the laryngeal cavity. Judging from the firm structure and seat of the tumor, it was thought to be an enchondroma. Its removal would have necessitated the excision of the entire larynx, which, under the circumstances, was not deemed commendable. A tube, therefore, was inserted into the trachea and the wound closed above and

below with sutures. The patient has since done well. Now, three weeks since the operation, the wound is almost closed and the tube is borne without material inconvenience. Sufficient air passes through the larynx to enable the patient to speak in a whisper. The distress accompanying deglutition has subsided, proving its reflex character.

Prof. B. referred to excision of both the larynx and pharynx as introduced by Billroth, of Vienna, and to a similar operation performed by a New York surgeon upon a citizen of this city. "But in those cases cancerous tumors were the objects of such formidable operations, which, in all probability, does not exist in our case; nor has the patient the means to supply herself with the expensive apparatus necessary as a substitute for the larynx." Clinic of Dr. Bauer in *Clinical Record*.

TREATMENT OF DIPHTHERIA.

The following is given by Dr. Billington of Demilt Dispensary in the *Medical Record*, as his treatment of this disease:—

In the treatment of diphtheria by methods of local disinfection, the danger to be most sedulously avoided is irritation. It is this which has again and again brought these methods into deserved disrepute.

Swallowing a little water at frequent intervals would doubtless be of some utility in helping to remove foul secretions from the throat. I have instead employed, in most cases, in alternation and usually at half-hour intervals, teaspoonful doses of the following pleasant mixtures: 1st, two scruples of chlorate of potassa, with half a fluid ounce of glycerine and two ounces and a half of lime-water; 2nd, one fluid drachm of the tincture of the chloride of iron, with an ounce each of glycerine and water. I have omitted the use of the latter mixture, in some cases, with advantage. The tincture of iron has apparently a valuable constitutional, as well as local, effect in some cases; in others it has neither, and in some it has an injuriously irritant action even in mild dilution. It is far from being a specific for the disease.

I have also had the throat sprayed very frequently when practicable, by means of a hand-atomizer, with a mixture of ten minims of carbolic acid in four ounces of lime-water.

It is not worth while to defend the importance of these simple formulæ against those who would sneer at such details. I will mention, however, that I have in more than one case, either in my own practice or in consultation, seen very bad results from slight deviations from them, through the error of the prescriber or of the apothecary, which had the effect of making them less efficient, less pleasant, or more irritating. The recognition of the true principle in the treatment of diphtheria is

nearly as ancient as the description of the disease. That it has not long ago been universally adopted and utilized by the profession to the saving of many thousands of lives, is because its discovery was not accompanied with that of the details necessary to its successful application.

Finally, but in many bad cases first in importance, I have washed the affected surfaces, at suitable intervals, by means of a syringe. The instrument employed has been the Roosa hard-rubber ear-syringe; the liquid, a weak tepid solution of common salt. It should be thrown through the open mouth into the throat, or through the nostrils into the nasal passages and the pharynx, and contributed until the foul and poisonous secretions are thoroughly washed away and fetor is corrected. It is essential that this be done *secundum artem*. The method was described in my previous paper.

In the treatment of young children, I have found it very important to avoid the use of any unpleasant medicine, such as quinine, cubebs, etc.

Stimulants may be useful in the later stage of protracted cases, and in convalescence. Given early and freely, they too often prove not an antidote, but an auxiliary poison to that of the disease. Instead of sustaining they help to overwhelm. Such, at least, has been the teaching of my experience formerly in their employment, and latterly in their more general disuse. The large majority of cases in the present series, as in those I have previously reported, have been treated absolutely without them. If there has been agreement in the profession on any one point in the treatment of diphtheria, it has been in the early and free use of alcoholic stimulants, which has indeed been advocated by some as a specific. Have the general results of this practice been so brilliant that those of a different course may not be experimentally tested?

Proper nutrition is of the greatest importance. Milk has ordinarily been my main reliance. It should be given freely and often—even by force if necessary; and rectal alimentation, when indicated, should by no means be omitted.

TREATMENT OF CONVULSIONS IN CHILDREN.—The following treatment by Dr. Charles Bell is given in the *Edinburgh Medical Journal*:—

The first object in the treatment of convulsions is to allay the spasm and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and

the best kind under the circumstances is a full dose of ipecacuanha, according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says he has never seen a well marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, the bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diarrhetic. Change of air and the use of small doses of calybeates, along with light and nourishing food, will be very beneficial.

Prognosis.—When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon returns, the case may be considered extremely satisfactory; but if the convulsions are long continued and of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

TUMOUR OF THE PHARYNX—OPERATION—DEATH.—Mrs. S., aged 53, admitted into the Western Infirmary 22nd January, 1850. She was apparently a strong healthy woman, although her health was not quite so good as it had formerly been. She was, however, of weak fibre—pale, and her heart was also known to be weak. The small vessels of the face were injected, as though she was the subject of chronic bronchitis. She was admitted on account of a tumour of the pharynx, the history of which is as follows:—About two years ago some defect in her speech was noticed; for this a medical man was consulted, who discovered a growth in her throat, and lanced it, but nothing except pure blood came away. For some time she used a gargle, but her speech gradually becoming worse, and the tumour increasing in size, so as to interfere both with respiration and deglutition, she sought admission to the hospital. The nostrils had always been quite free.

Examination on Admission.—Upon opening the mouth and depressing the tongue, a large tumour was seen occupying the back of the throat. It was difficult to make out the extent of its connection or its size, as it passed behind the tongue and down the pharynx. It seemed to grow from the soft palate, and had contracted extensive adhesions to the pharynx on the left side. It was comparatively soft and quite painless. An enlarged gland was felt at the angle of the jaw on the left side, and it, too, though small, was painless and soft, and quite movable.

January 28th.—To-day chloroform was administered and the tumour removed. In order to obtain efficient breathing facilities, tracheotomy was first performed. The next step in the operation was the division of the lower jaw. The central incisor having been extracted, the soft tissues were cut through, and the bone divided at the symphysis with saw and bone forceps. The two sides of the jaw were then drawn asunder, and the tongue pulled well forwards and downwards between them. A sponge was now placed in the larynx to prevent the passage of blood. An incision was made in the mucous membrane over the tumour, and by means of the fingers, it was easily removed. The wound of the mucous membrane was stitched with carbolised catgut, the two sides of the jaw bound firmly together by silver wires passed through two holes drilled in the bone, and finally, the edges of the wound in the soft tissues were brought together with silver sutures. During the operation very little blood was lost. The patient was easily and effectually kept under chloroform, by having it administered in the ordinary way at first, and, after the trachea was opened, by a sponge saturated with chloroform, and held in front of the tube. There was no difficulty whatever with the breathing during the operation. The tracheotomy tube was left in after the operation.

The patient recovered well, suffering from no appreciable shock, and passed a good day. There was no complaint of pain in the throat, and she could swallow and breathe without difficulty. At night she had $\frac{1}{8}$ grain morphia subcutaneously. In the morning, symptoms of congestion of the lungs were detected. The patient was now propped up in bed, and a tent rigged up, so as to confine the air, warmed and moistened by a jet of steam. The tracheotomy tube annoyed her, and she was also troubled with flatulence. On the following morning there seemed some improvement in the condition of the lungs, but during the day she continued getting weaker, and died in the evening, being the second day after the operation. The condition of the parts operated on was thoroughly good quite up to the end.

Dr. Macleod thought that a mistake had been made in this case, in keeping the patient on her back, with a low head, during the first day after

the operation; and after she was set up in bed she had not strength enough to rally. It would also, perhaps, have been better, he thought, if the tracheotomy tube had been taken out immediately after the operation, as thereby a source of annoyance to the patient would have been removed, and the possibility prevented of cold air getting access to the lungs, and causing irritation. She swallowed without any difficulty to the end. The tracheotomy tube was removed, at her request, on the morning of the second day.

The tumour was examined by Dr. Joseph Coats, who reports that it is a *round celled sarcoma*. Its main constituents are round cells, about the size of white blood corpuscles. Besides these, there is a small amount of intercellular substance, composed partly of stiff fibres, and partly of a finer reticulum.—*Glasgow Med. Journal, March '80.*

HODGE PESSARY IN RETROFLEXIONS AND VERSIONS OF THE UTERUS.—Dr. E. H. Trenholme, of Montreal, recommends steady perseverance with the various forms of the Hodge in order to the cure of the above mentioned diseases. He has no confidence in intra-uterine stem pessaries. The influence of posture is much insisted on. He advises the introduction of the pessary while the patient is on her elbows and knees, and after the organ has been replaced with the sound. Barnes' dictum, that the pessary should never have any support but that afforded by the vaginal walls he considers quite opposed to experience, and he makes great use of the floor of the pelvis for supporting his pessaries. The conclusions to which he comes are as follows:—1. I believe we possess in the Hodge pessary (variously modified) an efficient and most admirable instrument for sustaining a retrodislocated uterus, and that, too, to any desired elevation in the pelvis. 2. That even a large pessary, filling and distending the vagina and taking pressure on the floor of the pelvis, can be worn with comfort and ultimately curative results, by the proper use of the postural treatment, together with the inflation of the vagina by elevating the floor of the pelvis while in that position. 3. The curative forces operating upon the uterus are resultants of (a) the elevating power of the pessary; (b) the resisting force of the sacrum; (c) the weight of the uterus, now so high up as to gravitate forwards and downwards; and (d) the pressure of the abdominal viscera. 4. That the vices of flexion and position being overcome, a permanent recovery may be looked for with certainty in from six months to a year from commencement of treatment.—*Obst. Journal, December, 1879.*—*Glasgow Med. Journal.*

HYDRASTIS CANADENSIS.—Many of the peculiar virtues of hydrastis are probably due to the alkaloid berberine, which is contained in it in the proportion of about four per cent. In fact the so-

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ACONITIA 1-60 gr.	75	3 50	CANNABIS INDICA EXTRACT,	1 gr.	1 75
ALOES, U. S., 4 grs.	50	2 25	CATHARTIC COMPOUND, U. S.		60
ALOES AND ASSAFETIDA, U. S., 4 grs.	50	2 25	CATHARTIC IMPROVED.		60
ALOES AND IRON, 3 grs.	50	2 25	Ext. Colocyth. Comp. pulv., 1 gr.		
{ Pulv. Aloes Soc., 1-2 gr. }			{ Jalapa pulv., Res. Lepidand., aa 1-2 gr. }		
{ Pulv. Zingib. Ann., 1 gr. }			{ Ext. Hyocyami, Ext. Tarnacel, aa 1-4 gr. }		
{ Ferri Sulph., Exsic., 1 gr. }			{ Res. Podoph., 1-4 gr., Ol. Mentha Pip. }		
{ Extract, Confl., 1-2 gr. }			CATHARTIC VEGETABLE,	3 grs.	60
ALOES AND ELASTIC (Dinner, Lady Webster's).	60	2 75	{ Ext. Col. Comp., pulv., 1-2 grs. }		
ALOES AND HYRRH, U. S.	60	2 75	{ Res. Podophylli, 3-8 grs. }		
ALOES AND NUX VOMICA, 2 grs.	75	3 50	{ Res. Lepidandres, 1-2 gr. }		
{ Pulv. Aloes Soc., 1-2 gr. }			{ Jalapa pulv., 1-4 gr. }		
{ Ext. Nucis Vom., 1-2 gr. }			{ Aloes, Socotrin pulv., 1-2 gr. }		
ALON, 1-10 and 1-5 gr.	1 50	2 25	{ Ext. Hyocyami, 1-4 gr. }		
ALON, 1 gr.	1 50	2 25	{ Ol. Mentha Pip. }		
ALTRATIVE,	75	3 50	CERIBI, OXALATE,	1 gr.	1 00
{ Pulv. Ophl. Pulv. Ipecac., aa 1-8 gr. }			CERIBI, OXALATE,	2 grs.	1 25
{ Ph. Hydrag., 1 gr. }			CHARCOAL, WILLOW,	3 grs.	2 25
AMMONIUM BICHLORATE,	60	2 75	CHINOIDINE,	1-2 and 1 gr.	2 75
AMMONIUM BICHLORATE, COMPOUND,	1 50	7 25	CHINOIDINE,	75	5 50
{ Ammonii Murias, 1 gr. }			CINCHONA BARK ALKALOIDS, See Quinine List.		
{ Pulv. Ophl. Acid. Benzoici, aa 1-32 gr. }			CINCHONIDIA (ALKALOID), See Quinine List.		
{ Ext. Glycyrrhizae, Pulv. Acaciae, aa 1-32 gr. }			CINCHONIA, See Quinine List.		
{ Camphora, 1-20 gr., Ol. Anisi, 1-32 gr. }			CINCHONIDIA SULPHATE, See Quinine List.		
{ Antim. et Pot. Tart., 1-60 gr. }			COCA EXTRACT,	1 gr.	65
This is the Brown Mixture of the U. S. P.,			{ COCA, 1-16 gr. }	1 75	8 50
with the addition of 1 gr. Ammonium Murias.			{ CODEIA, 1-5 gr. }	2 50	12 25
AMMONIUM VALERIANATE, 1 gr.	1 00	4 75	{ CODEIA, 1-2 gr. }	3 50	17 25
ANTHELMINTIC, See Santonin and Calomel.	1 25	6 00	COLOCYNTH COMP. EXTRACT,	3 grs.	1 00
ANTI-BILIARDS,	75	3 50	COLOCYNTH. IPECAC AND BLUE.		1 00
{ Ext. Coloc. Comp., 21-2 grs. }			{ Ext. Coloc. Comp., pulv., 2 grs. }		
{ Res. Podophylli, 1-4 gr. }			{ Pulv. Ipecacanthae, 1-6 gr. }		
ANTI-DYSPEPTIC,	1 00	4 75	{ Ph. Hydrag., 2 grs. }		
{ Strychnia, 1-40 gr. }			COOK'S,	3 grs.	60
{ Ext. Belladonnae, Pulv. Ipecacanthae, aa 1-10 gr. }			{ Pulv. Aloes Soc., 1 gr. }		
{ Ph. Hydrag., Ext. Colocy. Co, pulv., aa 2 grs. }			{ Hydrag., Chlor. Mite, 3-4 gr. }		
APERIENT,	1 00	4 75	{ Pulv. Rhei, 1-5 gr. }		
{ Ext. Nucis Vom., 1-2 gr. }			{ Pulv. Saponis, 1-4 gr. }		
{ Ext. Hyocyami, 1-2 gr. }			COPAIBA AND OLEO-RESIN CUBEB,	3 grs.	75
{ Ext. Coloc. Comp., 2 grs. }			COPAIBA AND OLEO-RESIN CUBEB,	3 grs.	75
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr.	50	2 25	{ Ph. Copaliba, 2 grs. }		
ASSAFETIDA, 4 grs.	50	2 25	{ Oleo-Resin Cubebae, 1 gr. }		
{ Assafetida, 1-2 grs., Pulv. Saponis, 1 gr. }			COPAIBA AND OLEO-RESIN CUBEB,	5 grs.	1 25
ASSAFETIDA COMPOUND,	50	2 25	{ Ph. Copaliba, 3 grs. }		
{ Assafetida, 2 grs. }			{ Oleo-Resin Cubebae, 2 grs. }		
{ Ferri Sulph. Exsic., 1 gr. }			{ Ph. Hydrag., 1-20 gr. }		
ASSAFETIDA AND NUX VOMICA,	75	3 50	CORROSIVE SUBLIMATE, 1-100, 1-40, 1-20 & 1-10 gr.	1 00	1 75
{ Assafetida, 3 grs. }			CROTON OIL,	1-2 gr.	3 00
{ Ext. Nucis Vom., 1-4 gr. }			DARIANA EXTRACT,	3 grs.	14 75
ATROPIA 1-60 gr.	1 00	4 75	DIGITALIA PURE,	1-60 gr.	3 50
BELLADONNA EXTRACT, 1-4 and 1-2 gr.	50	2 25	DINNER (CHAPMAN'S),	4 grs.	60
BISMUTH SUBNITRATE, 3 grs.	1 00	4 75	{ Pulv. Aloes Soc., Pulv. Mastiches, aa 1 1-2 gr. }		
BISMUTH SUBNITRATE, 5 grs.	1 50	7 25	{ Pulv. Ipecacanthae, 1 gr., Ol. Fenicull. }		
BL'F WILLS, U. S., 1-2, 1 and 3 grs.	50	2 25	DINNER (COLE'S),	60	2 75
BL'F WILLS, U. S., 3 grs.	75	3 50	{ Ph. Hydrag., 1-15 grs. }		
BLUE PILL COMPOUND,			{ Pulv. Aloes Soc., 1-15 grs. }		
{ Ph. Hydrag., 1 gr. }			{ Pulv. Jalapa, 1-15 grs. }		
{ Pulv. Ophl., 1-2 gr. }			{ Ant. et Pot., Tart., 1-50 gr. }		
{ Pulv. Ipecac., 1-4 gr. }			DINNER (LADY WEBSTER'S),	3 grs.	60
CAFFEIA, CITRATE,			{ Pulv. Aloes Soc., 1-4-5 grs. }		
CALCIUM SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	4 00	19 75	{ Pulv. Mastiches, 3-5 gr. }		
CALOREL, 1-2, 1, 2 and 3 grs.	75	3 50	{ Pulv. Rosae Gallicae, 3-5 gr. }		
CALOREL, 5 grs.	60	2 75	ELATERIUM (CLUTTERBUCK'S),	1-10 gr.	1 00
CALOREL, 60 grs.	60	2 75	EMMENAGOGUE,	1 25	6 75
CALOREL COMPOUND,			{ Ergotin, Extract. Helleb. Niger, aa 1 gr. }		
{ Antim. Sulph., Hydrag. Chlor. Mite, aa 1 gr. }			{ Ferri Sulph. Exsic., Pulv. Aloes Soc., aa 1 gr. }		
{ Resina Guaiaci, 1 gr. }			{ Ol. Sabinis, 1-4 gr. }		
CALOREL AND OPIUM,	85	4 00	ERGOTIN (each pill=30 grs. Ergot),	3 grs.	2 00
{ Hydrag. Chlor. Mite, 2 grs., Ophl. pulv., 1 gr. }			FERRUGINOUS (BLAUD'S),	3 and 5 grs.	1 00
CAMPBELL AND HENBANK,	60	2 75	{ Ferri Sulphate, Potasse Carb., P. H. }		
{ Camphora, 1 gr., Ext. Hyocyami, 1 gr. }			FICUS VESICULOSUS EXTRACT,	3 grs.	1 60
CAMPBELL, HENBANK and VALERIAN, 2-1-2 gr.	60	2 75	GRISELIUM EXTRACT,	1 gr.	75
{ Camphora, Pulv., Ext. Hyocyami, Alc., aa 1 gr. }			GONORRHEA,	5 grs.	60
{ Ext. Valeriane, 1-2 gr. }			{ Cubebae, pulv., 2 grs. }		
CAMPBELL, MONO-BROMATED,	1 50	7 25	{ Ph. Copaliba, 1 gr. }		
CAMPBELL, MONO-BROMATED,	2 00	9 75	{ Ferri Sulph. Exsic., 1-2 gr. }		
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HENHANE EXTRACT,	1 gr.	60	2 75	{ Phosphorus, 1-50 gr.		
IRIFALIC.	1 00	4 75		{ Ext. Hyoscyami, 1 gr.		
{ Pil. Hydrag., 3 grs. Ext. Bellad., 1-4 gr. }				PHOSPHORUS, EXT. NUX. VOM. & EXT. ALOES.	1 25	6 00
{ Ext. Colocynthis Comp., 2 grs. }				{ Phosphorus, 1-50 gr.		
HOOPER'S.	2 1-2 grs.	50	2 25	{ Ext. Nux. Vomica, 1-2 gr.		
"HOSPITAL QUININE," see Quinine list.				{ Ext. Aloes Sec., 1-2 gr.		
HYDRASTIA (WHITE ALKALOID),	1-2 gr.	2 50	12 25	PHOSPHORUS, EXT. NUX. VOM. & CARB. IRON.	1 25	6 00
HYDRASTIA (WHITE ALKALOID),	1 gr.	4 00	19 75	{ Phosphorus, 1-50 gr.		
HYOSCYAMINE (BISHNOLD),	1-1 gr.	1 00	4 75	{ Ext. Nux. Vomica, 1-4 gr.		
HYPOPHOSPHITES, COMPOUND.		1 50	7 25	{ Ferri Carb., 1 gr.		
{ Calcil Hypophos., 1 gr. }				PHOSPHORUS, IRON AND ALOES.	1 25	6 00
{ Sodii " 3-4 gr. }				{ Phosphorus, 1-50 gr.		
{ Potassil " 1-2 gr. }				{ Ferri Sulph. Exal., 1-12 grs.		
{ Ferri " 1-4 gr. }				{ Ext. Aloes Sec., 1 gr.		
IODOFORM,	1 gr.	1 50	7 25	PHOSPHORUS, MORPHIA AND VAL. ZINC.	1 75	3 50
IODOFORM AND IRON,	2 grs.	2 50	12 25	{ Phosphorus, 1-50 gr.		
IPRAC AND OPIUM (DOVER, U. S.),	2 1-2 grs.	1 00	4 75	{ Morphia Sulph., 1-12 gr.		
IPRAC AND OPIUM (DOVER, U. S.),	5 grs.	60	2 75	{ Zinc Valerianat., 1 gr.		
IRON BY HYDROGEN (QUEVENNE'S),	1 gr.	20	2 25	PHOSPHORUS, NUX. VOMICA & CASTHARIDES.	1 25	6 00
IRON BY HYDROGEN (QUEVENNE'S),	2 & 4 grs.	75	3 50	{ Phosphorus, 1-50 gr.		
IRON, "BLAND'S," See Ferruginous.				{ Pulv. Nuxi Vomica, 1 gr.		
IRON, BROMIDE,	3 grs.	1 50	7 25	{ Tinct. Canthar. Conc., 1 minidm.		
IRON, CITRATE AND CINCHONIDA,	3 grs.	85	4 00	PHOSPHORUS, BIPHEN. ZINC AND LUPULIN.	1 25	6 00
IRON, CITRATE AND QUININE,				{ Phosphorus, 1-50 gr.		
IRON, CITRATE AND QUININE,				{ Zinc Sulphas, 1 gr. }		
IRON, CITRATE AND QUININE,				{ Lupulina, 1 gr. }		
IRON, CITRATE & STRYCHNINE.		75	3 50	PIPERIN COMPOUND.	75	3 50
{ Ferri Citras., grs. Strychnia, 1-50 gr. }				{ Piperin, 1-4 gr. }		
IRON, DIAL'S (SCALES),	2 grs.	1 50	7 25	{ Hydr. Chlor. Mite., 1-4 gr.		
IRON, FERROCYANIDE,	3 grs.	60	2 75	PELMER'S (see Calomel Compound).	60	2 75
IRON, IODIDE OF (Bismear'd) Form.,	1 gr.	50	3 75	PODIOPHYLLIN,	1-8 and 1-4 gr.	50 2 25
IRON, LACTATE,	1 gr.	60	2 75	{ Podophyllin, 1-2 gr. }		
IRON, PHOSPHATE AND STRYCHNINE.		1 00	4 75	{ Pil. Hydrag., 2 1-2 grs. }		
{ Ferri Phosph., 2 grs. }				PODIOPHYLLIN AND LEPIDANDRIN.	1 00	4 75
{ Strychnia pulv., 1-50 gr. }				{ Podophyllin, 1-2 gr. }		
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.		50	2 25	{ Ext. Bellad. Alc., 1-8 gr. }		
IRON, PROTO-CARB. (VALLET'S MASS),	5 grs.	60	2 75	{ Pulv. Capsic., 1-8 gr. }		
IRON, VALERIANATE,	1 gr.	1 25	6 00	PODIOPHYLLIN AND LEPIDANDRIN.	1 00	4 75
JABURANDI EXTRACT,	3 grs.	1 50	7 25	{ Lepidandru, 1-2 gr. }		
LAXATIVE (COLE'S),		60	2 75	PODIOPHYLLIN, CAUCASIC AND BELLADONNA.	1 00	4 75
{ Res. Podophylli, 1-10 gr. }				{ Podophyllin, 1-4 gr. }		
{ Hydrag. Chlor. Mite., 1 gr. }				{ Ext. Bellad. Alc., 1-8 gr. }		
{ Ext. Col. Cyprip., 3 grs. }				{ Pulv. Capsic., 1-8 gr. }		
LIME, LACTO-PHOSPHATE,	5 grs.	2 00	9 75	PODIOPHYLLIN, COLOC., HENHANE & CALOMEL.	1 00	4 75
LITHIUM BROMIDE,	2 grs.	1 60	7 25	{ Res. Podophylli, 1-4 gr. }		
LUPULIN,	3 grs.	50	2 25	{ Ext. Col. Comp. Pulv., 1 gr. }		
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 grs.		50	2 25	{ Ext. Hyoscyami, 1-4 gr. }		
MERCURY, BIN-IODIDE, 1-20 grs.		50	2 25	{ Hydrag. Chlor. Mite., 1 gr. }		
MERCURY, PHOTO-IODIDE, 1-3, 1-1 & 1-2 grs.		50	2 25	PODIOPHYLLIN COMPOUND.	1 00	4 75
MORPHINE, ACETATE,	1-8 gr.	75	3 50	{ Podophyllin, 1-2 gr. }		
MORPHINE, ACETATE,	1-4 gr.	1 00	4 75	{ Ext. Hyoscyami, 1-8 gr. }		
MORPHINE, BICHLORIDE,	1-8 gr.	75	3 50	{ Ext. Nux. Vomica, 1-16 gr. }		
MORPHINE, SULPHATE,	1-8 gr.	75	3 50	PODIOPHYLLIN, EXT. COLCH. & BELLADONNA.	1 00	4 75
MORPHINE, SULPHATE 1-4 G, 1-10 & 1-16 grs.		85	4 00	{ Podophyllin, 1-2 gr. }		
MORPHINE, SULPHATE,	1-4 gr.	1 00	4 75	{ Ext. Coloc. Comp., 2 grs. }		
MORPHINE, VALERIANATE,	1-8 gr.	1 25	5 00	{ Ext. Bellad., 1-4 gr. }		
NEURALGIA (BROWN-SEQUARD).		2 00	9 75	PORE ROOT COMPOUND.	1 00	4 75
{ Ext. Hyoscyam., 2-3 gr. }				{ Ext. Phytolacca, 4-6 gr. }		
" Conii, 2-3 gr. }				{ Ext. Stillingia, " 1 gr. }		
" Ignatill Amara, 1-2 gr. }				{ Ext. Stramonill, " 1-8 gr. }		
" Opii, 1-2 gr. }				POTASSIUM BROMIDE,	2 grs.	1 00
" Aconiti, 1-3 gr. }				POTASSIUM BROMIDE,	2 grs.	1 50
" Canab. Indica, 1-4 gr. }				QUINIDIA LACTATE,	See Quinine list.	
" Stramonii, 1-3 gr. }				QUININE, BI-SULPHATE, SULPHATE AND COM-		
" Belladonnae, 1-6 gr. }				POUNDS OF QUININE, see Quinine list.		
NEURALGIA (DR. GROSS); See Quinine list.				QUININE, CARBOLATE,	1 gr.	2 50
NUX. VOMICA EXTRACT,	1-4 and 1-2 gr.	50	2 25	QUININE, SALICYLATE,	1 gr.	3 50
OPIUM, U. S.,	1 gr.	75	3 50	QUININE, SULPHO-CARBOLATE,	See Quinine list.	
OPIUM EXTRACT,	1-4 grs.	75	3 50	QUININE, SULPHO-CARBOLATE,	Quinine list.	
OPIUM EXTRACT,	1-2 gr.	1 00	4 75	QUININE, SULPHO-CARBOLATE,	1-2 gr.	1 25
OPIUM EXTRACT,	1 gr.	1 50	7 25	QUININE, VALERIANATE,	1-2 gr.	6 00
OPIUM AND ACETATE OF LEAD, No. 1.	2 grs.	80	3 75	RIBERITIC.		
{ Opii Pulv., Plumbi Acet., as 1 gr. }				{ Ext. Coloc. Comp., 1 1-2 grs. }		
OPIUM AND ACETATE OF LEAD, No. 2,	2 grs.	60	2 75	{ Ext. Colch. Acet., 1 gr. }		
{ Opii Pulv., 1-2 gr. }				{ Ext. Hyoscyami, 1-4 gr. }		
{ Plumbi Acet., 1 1-2 grs. }				{ Hydr. Chlor. Mite., 1-3 gr. }		
OPIUM AND CAMPHOR,	3 grs.	80	3 75	RHEHARD COMPOUND, U. S.	75	3 50
{ Opium, 1 gr. Camphora, 2 grs. }				RHEHARD COMPOUND AND CAMOMEL.	75	3 50
OX GALL,	3 grs.	60	2 75	{ Ph. Rbel. Comp., 1 1-2 grs. }		
{ Fal. Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. }				{ Hydrag. Chlor. Mite., 1 gr. }		
PEPSIN AND BISMUTH,	1 00	4 75		SALICIN,	2 1-2 grs.	1 25
{ Pepsin, 2 grs., Bismuth Subnit., 3 grs. }				SALICYLIC ACID,	2 grs.	2 00
PEPSIN, BISMUTH AND STRYCHNINE,	5 grs.	1 75	8 50	SALICYLIC ACID WITH MORPHINE.	2 1-2 grs.	3 50
{ Pepsin, 2 1-2 grs. }				{ Acid. Salicylicum, 2 1-2 gr. }		
{ Bismuth Subnit., 1-2 gr. }				{ Morphia Sulphat., 1-12 gr. }		
{ Strychnia, 1-60 gr. }				SALICYLIC ACID WITH MORPHINE.	2 00	9 75
PHOSPHATES IRON, QUININE & STRYCHNINE;				{ Acid. Salicylicum, 5 grs. }		
See Quinine list.				{ Morphia Sulphat., 1-8 gr. }		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75		SANDAL WOOD EXTRACT (Mek. & R.),	2 grs.	2 00
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00		{ Sandal. Indica, 1-2 gr. }		
{ Phosphorus, 1-100 gr. }				SANTONIN,	1 gr.	1 25
{ Ext. Nux. Vomica, 1-4 gr. }				SANTONIN AND CALOMEL.	1 25	6 00
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00		{ Santonin, Hydrag. Chlor. Mite., as 1 gr. }		
{ Phosphorus, 1-60 gr. }				{ Theobroma Carac. }		
{ Ext. Nux. Vomica, 1-8 gr. }				SQUILL COMPOUND, U. S.	60	2 75
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00		STRYCHNINE,	1-60, 1-10 and 1-30 gr.	50 2 25
{ Phosphorus, 1-100 gr. }				STRYCHNINE COMPOUND.	1 00	4 75
{ Ferri Phosph., 1-2 gr. }				{ Strychnia, 1-100 gr. }		
{ Ext. Nux. Vomica, 1-8 gr. }				{ Phosphorus, 1-100 gr. }		
PHOSPHORUS AND QUININE COMPOUNDS; See				{ Ext. Canab. Indica, 1-16 gr. }		
Quinine list.				{ Quinina, 1 gr. }		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00		{ Ferri Carb., 1 gr. }		
{ Phosphorus, 1-50 gr. }				SULPHUR IODIDE,	1-25 and 1-10 gr.	50 2 25
{ Ext. Aconiti Alc., 1-16 gr. }				SUMBUL EXTRACT.	1 gr.	3 00
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00		SYMPHITIC (RHODUS MODIFIED).	1 50	7 25
{ Phosphorus, 1-50 gr. }				{ Ext. Root-Iodide, 1-2 gr. }		
{ Ext. Canab. Ind., 1-4 gr. }				Lactucarium, 1-2 gr.		
PHOSPHORUS AND IRON.	1 25	6 00		{ Ext. Opi., 1-10 gr. }		
{ Phosphorus, 1-50 gr. }				{ Ext. Clcutca, 1 1-2 grs. }		
{ Ferri Reductum, 2 grs. }				TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
PHOSPHORUS AND STRYCHNIA.	1 25	6 00		TONIC (DR. AIREN'S). See Quinine list.		
{ Phosphorus, 1-50 gr., Strychnia, 1-60 gr. }						

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

	Bottles 100 Pills	Bottles 500 Pills
TRIPLEX.		
{ Ext. Aloe, 2 grs. }	1 00	4 75
{ Pil. Hydrarg., 1 gr. }		
{ Podophyllin, 1-2 gr. }		
TRIPLEX (DR. FRANCIS).	1 00	4 75
{ Pulv. Aloe Soc. Pil. Hydrarg. }		
{ Pulv. Scammon. Oil. Tigill. }		
{ Pulv. Mercur. Ol. Carol. }		
VALERIAN EXTRACT.	3 grs.	1 00
ZINC OXIDE.	1-2 gr.	60
ZINC PHOSPHIDE.	1-6 and 1-4 gr.	80
ZINC PHOSPHIDE.	1-2 gr.	1 00
ZINC PHOSPHIDE & EXT. NUX VOMICA.	1 1/2 gr.	1 00
{ Zinci Phosphidum, 1-10 gr. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
ZINC VALERIANATE.	1 gr.	1 00

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.		Bottles 100 Pills	Bottles 500 Pills
APIRHIOISIAIC.	{ Turnera Aphrodita }	1 85	9 40
	{ Phosphorus, 1-2 gr. }		
	{ Ext. Nucis Vomice, 1-2 gr. }		
BELLADONNA EXTRACT.		5 00	2 25
BARK EXTRACT.		5 55	2 50
HYDRASTIN AND PODOPHYLLIN.	{ Hydrastin Phosphat., 1-4 gr. }	1 00	4 75
	{ Podophyllin, 1-20 gr. }		
HYSCYAMIA (ALKALOID).		1 50	21 75
PODOPHYLLIN COMPOUND (ELECTRIC).	{ Podophyllin, 1-8 gr. }	1 00	4 75
	{ Lepidanthin, Juglandin, ea. 2 gr. }		
	{ Macrotin, 1-32 gr., Ol. Capivi. }		

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of 10c price, whenever it is impossible to obtain McKesson & Robbins' at your Druggists'. Private formulas of 3,4,6, or over, made and coated to order.

McKESSON & ROBBINS' GELATINE-COATED PILLS; QUININE AND OTHER CINCHONA ALKALOIDS.

Owing to the frequent market fluctuations of Sulphate of Quinine and the consequent necessary changes in the prices of pills containing it, we have placed them by themselves, for convenience of reference; our discount remaining the same for both lists.

	Bottles 100 pills	Bottles 500 pill.
CINCHONA BARK ALKALOIDS.	1 50	9 25
{ Quinine Sulph., 1-2 gr. }		
{ Quinidine Sulph., 1-2 gr. }		
{ Cinchonine Sulph., 1-2 gr. }		
{ Cinchonidine Sulph., 1-2 gr. }		
CINCHONA SULPHATE.	3	95
CINCHONIA SULPHATE.	1 40	6 75
CINCHONIDA (ALKALOID).	95	4 50
CINCHONIDI. (ALKALOID).	1 55	7 50
CINCHONINA (ALKALOID).	2 05	10 00
CINCHONIDA SULPHATE.	1	3 75
CINCHONIDA SULPHATE.	1 40	6 75
CINCHONIDA SULPHATE.	2 00	9 75
CINCHONIDA SULPHATE.	2 50	12 25
CINCHONIDA SULPHATE.	3 00	14 75
HOSPITAL QUININE.	1 4	65
HOSPITAL QUININE.	1-2 gr.	50
HOSPITAL QUININE.	1 gr.	1 25
HOSPITAL QUININE.	1 1-2 gr.	1 95
HOSPITAL QUININE.	1 gr.	2 50
HOSPITAL QUININE.	1 gr.	2 50
HOSPITAL QUININE.	4 grs.	5 00
HOSPITAL QUININE.	5 grs.	5 00
HOSPITAL QUININE.	6 grs.	6 25

The unlabeled, crystallized, combined alkaloids of Cinchona bark (Cinchona alone separated) containing fifty per cent. Quinia Sulph.

IRON & CINCHONINA, CITRATE.	1 10	3 50
IRON & CINCHONIDA, CITRATE.	1 10	5 52
IRON & QUININE, CITRATE.	1 10	4 50
IRON & QUININE CITRATE.	1 50	6 75
IRON & QUININE, CITRATE.	1 95	9 25
IRON, QUININE AND STRYCHNINE.	1 90	9 25
{ Ferrum Reductum, 1 gr. }		
{ Quinine Sulphat., gr. }		
{ Strychnia, 1-60 gr. }		
NEURALGIA (DR. GROSS).	3 75	15 50
{ Quinine Sulphat., 2 grs. }		
{ Morphine Sulphat., 1-20 gr. }		
{ Strychnia, 1-20 gr. }		
{ Acid. Arseniosum, 2 grs. }		
{ Aca. Conitii, 1-2 gr. }		
NEURALGIA (GROSS), as above, without Morphine.	2 50	17 25
PHOSPHATES IRON, QUININE & STRYCHNINE.	1 90	9 25
{ Ferri Phosphat., 2 grs. }		
{ Quinine Phosphat., 1 gr. }		
{ Strychnia Phosphat., 1-60 gr. }		
PHOSPHORUS AND QUININE.	2 25	11 00
{ Phosphorus, 1-20 gr. }		
{ Quinine Sulph., 1 gr. }		
PHOSPHORUS, IRON AND QUININE.	2 25	12 25
{ Phosphorus, 1-100 gr. }		
{ Ferri Carb. (Vallet's), 1 gr. }		
{ Quinine Sulph., 1 gr. }		
PHOSPHORUS, IRON, QUININE & NUX VOM.	2 50	12 25
{ Phosphorus, 1-100 gr. }		
{ Ferri Carb. (Vallet's), 1 gr. }		
{ Quinine Sulph., 1 gr. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
PHOSPHORUS, QUINIA, IRON AND STRYCHNIA.	2 50	12 25
{ Phosphorus, 1-100 gr. }		
{ Ferri Redact., 1 gr. }		
{ Quinine Sulph., 1 gr. }		
{ Strychnia, 1-60 gr. }		
QUINIA, SULPHATE.	1 00	4 25
QUINIDA, SULPHATE.	1 50	5 25
QUININE, SULPHATE.	2 50	12 25
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.		
QUININE BROMIDE.	1 gr.	3 15
QUININE BROMIDE.	1 gr.	3 15
QUININE BROMIDE.	1 gr.	6 25
QUININE CARBOYLATE.	1 gr.	3 15
QUININE SALICYLATE.	1 gr.	3 15
QUININE SULPHATE.	1-4 gr.	50
QUININE SULPHATE.	1-2 gr.	1 05

	Bottles 100 pills	Bottles 500 pill.
QUININE SULPHATE.	1	1 80
QUININE SULPHATE.	1 1-2 gr.	2 80
QUININE SULPHATE.	1 gr.	3 20
QUININE SULPHATE.	1 gr.	5 10
QUININE SULPHATE.	1 gr.	5 50
QUININE SULPHATE.	1 gr.	8 20
QUININE SULPHATE.	1 gr.	11 50
QUININE SULPHATE.	1 gr.	15 25
QUININE SULPHATE.	1 gr.	22 25
QUININE SULPHATE.	1 gr.	25 00
QUININE SULPHATE.	1 gr.	31 00
QUININE AND ALOES.	1 gr.	1 25
{ Quinine Sulphat., 1-2 gr. }		
{ Pulv. Aloe Soc., 1-4 gr. }		
QUININE AND ARSENIC.	1 gr.	1 50
{ Quinine Sulphat., 1 gr. }		
{ Acid. Arseniosum, 1-20 gr. }		
QUININE AND CAUSACUM.	1 gr.	1 50
{ Quinine Sulphat., 1 gr. }		
{ Pulv. Causacum, 1-2 gr. }		
QUININE AND IRON BY HYDROGEN.	1 gr.	9 25
{ Quinine Sulphat., 1 gr. }		
{ Ferrum Reductum, 1 gr. }		
QUININE AND IRON, CARBOYLATE.	1 gr.	9 25
{ Quinine Sulphat., 1 gr. }		
{ Ferrum Carb., 1-2 gr. }		
QUININE AND IRON, IODIDE.	1 gr.	6 75
{ Quinine Sulph., 1-2 gr. }		
{ Ferri Iodidum, 1 gr. }		
QUININE AND STRYCHNINE.	1 gr.	9 25
{ Quinine Sulphat., 1 gr. }		
{ Strychnia, 1-60 gr. }		
QUININE, ARSENIC AND NUX VOMICA.	1 gr.	9 25
{ Quinine Sulphat., 1 gr. }		
{ Acid. Arseniosum, 1-60 gr. }		
{ Ext. Nucis Vomice, 1-4 gr. }		
QUININE COMPOUND.	1 gr.	9 25
{ Quinine Sulphat., 1 gr. }		
{ Ferrum Redact., 1 gr. }		
{ Acid. Arseniosum, 1-22 gr. }		
QUININE COMPOUND AND EXT. BARKELLON.	2 25	11 00
{ Quinine Bi-Sulph., 1-14 gr. }		
{ Ferri Sulph., Essic., 2 grs. }		
{ Acid. Arseniosum, 1-2 gr. }		
{ Extract Tanzel., 1-2 gr. }		
QUININE COMPOUND AND STRYCHNINE.	1 50	9 25
{ Quinine Sulphat., 1 gr. }		
{ Ferrum Reductum, 1 gr. }		
{ Strychnia, 1-60 gr. }		
{ Acid. Arseniosum, 1-20 gr. }		
QUININE, IRON AND NUX VOMICA.	1 gr.	9 25
{ Quinine Sulph., 1 gr. }		
{ Ferri Carb. (Vallet's), 2 grs. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
QUININE, PHOSPHORUS AND IRON. See Phos.		
QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
{ Quinine Sulph., 1 gr. }		
{ Phosphorus, 1-60 gr. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
QUININE, QUINIA AND NUX VOMICA.	2 75	11 00
{ Quinine Sulph., 1 gr. }		
{ Quinina, 1-20 gr. }		
{ Ext. Nucis Vomice, 1-40 gr. }		
QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
{ Quinine Sulph., 1-2 gr. }		
{ Phosphorus, 1-60 gr. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
QUININE, QUINIA AND NUX VOMICA.	2 75	11 00
{ Quinine Sulph., 1 gr. }		
{ Quinina, 1-20 gr. }		
{ Ext. Nucis Vomice, 1-40 gr. }		
TONIC (DR. AIKEN'S).	1 gr.	9 25
{ Quinine Sulph., 1 gr. }		
{ Acid. Arseniosum, 1-20 gr. }		
{ Ferrum Reductum, 2-2 gr. }		
{ Strychnia, 1-60 gr. }		

NOTE.—The advantages of a perfect coating of Gelatine are so obvious that many imitations of our Pills have been placed upon the market and called by different names, calculated to deceive the Profession as to their merits. We would call the attention of Physicians and Druggists to this fact, and request them to specify McK. & R.'s in their prescriptions and orders.



MCKESSON & ROBBINS,

Manufacturing Chemists,

91 FULTON STREET, NEW YORK.

GELATINE COATED PILLS AND GRANULES,

OVAL IN FORM — PERFECT IN COATING.

Powdered Purified Chinoidine.

Containing all the Non Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market at high prices under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatin-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that Bi-Sulphate of Quinine is soluble in only 10 parts of water is as little appreciated.

MCKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their Bi-Sulphate of Quinine Pills, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1/4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

GATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over thirty varieties of Cathartic and Laxative PILLS.

Solubility of Quinine Salts.

Quinine, Sulph. dissolves in 700 pts. water.

QUININE BI-SULPH., " 10 " "

Quinine, Muriate. " 24 " "

Quinine, Bromide, " 39 " "

Quinine, Hypophos., " 60 " "

Quinine, Valerianate, " 170 " "

Quinine, Tannate, " 500 " "

The above table demonstrates the greater solubility of the Bi-Sulphate; a very important point, especially when administered in the form of pills or powders, and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatin Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

Preparations of Ergot.

A great demand exists for a reliable form of this invaluable medicine and as we have devoted much time and study to the subject, we are able to offer our Gelatin-Coated Ergot Pills, such confidence to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very valuable drug. Our pills contain 7 grains of Pure Sol Ergot. We also prepare Hypodermic Ergot of the finest quality.

Sulphide of Calcium Pills.

110, 1/4, 1/2 and 1 grain.

We introduced these pills about two years ago, since which time they have won an extensive use.

An eminent physician has prescribed 1/10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

Pocket FORMULA BOOK, containing much valuable information, sent free.

called hydrastin of the eclectics is really the muriate of berberine; while genuine hydrastin is the active principle of the plant, barring berberine, and is distinguished for the resemblance of its action both to quinine and pulsatilla. In large doses it produces noises and a sensation of rushing in the ears, like those caused by quinine; and it is declared by Bartholow to rank next to quinine in the cure of intermittents, and by others to exceed quinine when there is that obstinate and obstructive complication of gastric and portal disturbance which renders some intermittents so intractable. It will often cure chronic gastric catarrh and remove that distressing headache which frequently accompanies this disease. Bartholow says:—"It is one of the best remedies for the stomach-catarrh of chronic alcoholism, and probably the best substitute, when given in full doses, for alcoholic stimulants when their use is sought to be abandoned."

Catarrh of the duodenum is also relieved by it, especially when accompanied by catarrh of the gall ducts and jaundice; and also catarrh of the cystic duct, with inspissation of the bile, and a tendency to gall stones. In constipation from deficient secretion when the stools are dry and hard it may be depended upon, especially when combined with a little aloin; but torpor of the muscular coat of the intestines is not relieved by it, and requires the addition of ergot, nux vomica or physostigma.

Like pulsatilla it has been used in many other catarrh affections, such as of the eyes, nose, ears. In follicular pharyngitis and chronic coryza, in chronic catarrh of the intestines and bladder, in chronic gonorrhoea and gleet, excellent effects have been noticed by Bartholow; who also, of course, declares it to be a most efficacious remedy in uterine and vaginal leucorrhoea, and in ulcerations and erosions of the os. It is also recommended in fissure of the anus, ulceration and hemorrhage from the rectal mucous membrane, although hamamelis is preferable, also, in unhealthy and stoughy sores, and old ulcers of the legs; even in syphilitic affections of the mouth, throat and nares, chancrels, and some other unhealthy growths. It is said to prevent septic decomposition in wounds and cavities communicating with the external air, and to be only second in efficiency to quinine and salicylic acid. It is recommended in those glandular swellings which arise from absorption from diseased mucous membranes; while some fanciful authors think that conium is best adapted for those glandular affections which ensue from absorption from the diseases of the skin and other parts.—*The Physician*.

HEMORRHAGE IN ABORTION.—Dr. Griswold, President of the Hartford Medical Association, says, (*Lancet Medical Journal*), that for the last twenty years his reliance has been on a piece of

alum introduced into the vagina. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced endway, turned half round so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, he packs the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy and effectual against further hemorrhage. It has never failed him, and he leaves a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. He also adds that he has never had any unfavourable effects follow its use in any of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, nothing untoward—and he never had occasion to use it the second time in any one case. It can be removed when desirable either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

AMPUTATION OF THE COCCYX.—Dr. E. W. Jenks, (*Medical Record*), gives the following description for amputation of the coccyx:

Anesthetize the patient and place her upon her right side, that the index finger of the left hand may be introduced into the rectum to press the coccyx backward, and as a guide during the progress of the operation. Cutting down to the bone with a scalpel, it can be further separated from its attachments by means of scissors or a knife, as we may choose, and selecting the location where amputation is to be made, we can then disarticulate at the joint or follow the mode of Simpson, who used the bone forceps and cut the bone without reference to joints. By one of the procedures mentioned, namely, separation or amputation, we can confidently expect a cure; and as neither is attended with danger, we are also able to class these operations among the satisfactory ones of surgery.

I can not conclude without giving you two important points relating to amputation, which were taught me by my earliest operations, as follows: 1. In case you amputate the bone by means of cutting forceps, remember that the bone of the stump should be "rounded off," so that there will be no sharp points to prick and annoy the patient whenever the skin of that region is made tense. In

one patient I operated upon, where the removal of the bones of the coccyx put an end to a long period of suffering in every respect, except the one just named, a second operation became a necessity.

2. I believe that disarticulation is the better plan; and if you decide to operate by this mode, remember that in case there is articular cartilage on the stump, it should not be allowed to remain intact; on the contrary, you should cut away thin slices of the cartilage, by reason of which the process of healing will be quickened and made perfect.

BORACIC ACID INJECTIONS IN GONORRHEA.—

Dr. Hyndman, (*Cin. Lancet and Clinic*), writes as follows: For some months past I have observed the excellent results obtained by Prof. Seely in the dispensary of the Medical College of Ohio, in the treatment of cases of acute and chronic middle ear inflammations, and of purulent conjunctivitis, by means of boracic acid. These observations have led me to test its action in other parts of the body.

No better or wider field appeared to present than in cases of gonorrhoeal urethritis, so frequently occurring in the practice of every physician, and the treatment of which has, notwithstanding our large experience, remained very unsatisfactory.

The first case of this character in which I prescribed boracic acid, was that of a young man in the acute inflammatory stage of the disease, with abundant discharge, frequent and painful micturition, and very troublesome chordee. Several of the more popular remedies had already been given without affording the slightest relief. After the first day's use of a one per cent. solution, he was no more troubled with chordee. The pain attending micturition was much lessened after a single injection, and disappeared entirely upon a few repetitions. The discharge rapidly diminished in quantity and changed in character, but did not altogether cease for a week.

In my next case—a female with more profuse vaginal discharge—I ordered, as a vaginal injection, a two per cent. (10 grains to the ounce) solution, with even more striking results. The discharge ceased entirely after the third day's use of the remedy.

Three other cases have occurred in my practice in which equally good results were obtained.

In all, then, I can report five cases treated by boracic acid injections, without the assistance of any internal medication. Gonorrhoea is known to be more difficult to cure in persons who have had previous attacks. Yet three out of these five cases had had the disease repeatedly, and the relief to these three was quite as prompt as to the other two. Not one of these cases was seen until after profuse discharge had commenced. Four were in this stage and the other in the fifth week of the affection. Every one of these patients experienced

a decided amelioration of pain after the first injections, and in only one did the discharge continue more than ten days after beginning of treatment. This case—the one bordering upon gleet—was not wholly cured for four weeks. I instructed each of my patients to practice the injection three or four times daily; in future cases I shall advise only morning and evening injections after the complete cessation of pain.

My experience with these few cases has led me to the conclusion that a one per cent. solution (about five grains of boracic acid in one fluid ounce of water) will be of sufficient strength for general use.

The antiseptic properties of this substance have been known to the profession for some years. Polli's investigations (referred to by Prof. Stille) shows it to exert a very remarkable anti-fermentative action. He even tested it clinically in cases of chronic cystitis; to these patients he administered the acid internally, and found that after a very few days the muco-purulent deposit disappeared from the urine. Neumann, of Vienna, has also applied the acid locally in parasitic skin diseases.

Having seen these published statements of its properties and uses, I was surprised to find in no text-book on venereal disease any reference made to boracic acid for the purpose I have mentioned.

The number of my observations is yet far too small to permit me to draw from them any general conclusions. I simply present the results thus far attained and invite further trial of the remedy. Nor shall I attempt in this brief communication to discuss whether its action be due to the well known hostility of this agent to the lower forms of life, or simply to some specific action on the blood supply to the mucous membranes. I hope by this note to draw attention to the remedy; if my experience shall be confirmed by that of others, it will then be sufficiently early to study further its mode of action.

CRUDE PETROLEUM IN ASTHMA.—M. M. Griffith, (*Medical Record*), writes as follows: It is a well-known fact that many of our most valuable medicines have been borrowed or developed from general impressions or the prevailing prejudice of the common people in some district or country. Jenner deduced an important scientific truth from the vague notions and common prejudice of the dairymen of Gloucestershire. In like manner has it been with many of the important remedies of the now extensive materia medica, which have often been in use by the common people before being investigated by the profession.

Pursuing this line of observation, we find the veterinary surgeons, farmers, and horse-jockeys now prescribing the ordinary crude petroleum as a remedy for broken wind and heaves in horses, and with

astonishing success, improving the general condition of the animal, giving him a fine appearance, and removing the difficulty of breathing as if by magic; a cure which they are willing to swear is permanent, which assertion I accept with several grains of allowance. Heaves and broken wind I have always looked upon as due to emphysema, and consequently treatment must necessarily be only palliative. Crude petroleum is a stimulating antispasmodic expectorant and diaphoretic of no mean power. It seems to act by stimulating the secretions generally, especially those of the skin, and improving the digestive functions. The dose for the horse is one teaspoonful, in meal, placed well back upon the tongue two or three times a day, continued until relief is afforded.

Having seen the beneficial effects of this remedy frequently applied to the horse, I was led to experiment upon that difficult disease to cure, asthma. I used the ordinary oil in various combinations, as in syrups, emulsions, etc.; but however it might be combined, I found that it always produced a disagreeable eructation, and that it was hard to induce patients to persevere in its continuance. But the semi-solid oil that accumulates on the tubing and casings of the wells, and hardens to the consistency of putty, made into pills of five grains by incorporating with some inert vegetable powder, and taken every three or four hours, has afforded almost instant relief. The paroxysms will not return under its usage. It is not curative, but the patient does not suffer while taking the pills, and after a few days the spasmodic symptoms seem to pass off. Many asthmatics are affected only in the spring or fall, and after these attacks pass off they are comparatively comfortable. Nothing has afforded me as much relief in the treatment of hay fever, autumnal catarrh, or asthmatic bronchitis as these pills. The cough and dyspnea are promptly alleviated.

I have already called the attention of the profession to the value of this remedy in pulmonary tuberculosis.

THOROUGH DRAINAGE IN THE TREATMENT OF OPEN WOUNDS.—Dr. Thomas M. Markoe presents an extended and elaborate article upon this subject in the April number of the *American Journal of Medical Sciences*. He first discusses the Lister treatment of wounds, taking ground directly against Lister's theory, and in part against his practice. Mr. Lister asserts that all the evils, local and general, that result from wounds are caused by the presence of bacteria, which set up inflammatory or destructive action in the wound, and entering the system lead to fever and other constitutional disturbances. Dr. Markoe shows that, while this view has never been particularly proved, there are certainly other influences which modify the course of the local affection, as well as the general condition

of the patient. Among these are extensive laceration of the parts, overheating or chilling the same, and irritation by foreign substances, all which may so impair the vitality as to make reparative and perhaps even inflammatory action impossible. Furthermore, as regards the constitutional condition, it is certain that such complications as tetanus, convulsions, and neuralgias cannot be caused by bacteric infection.

Having shown that the Lister theory is insufficient, Dr. Markoe proceeds to argue that the practical methods employed by that surgeon may secure their acknowledged good results in another way than by simply destroying bacteria and preventing putrefaction. On this point the belief is asserted that carbolic acid has a special action in allaying inflammation and promoting repair. What this special action is cannot be explained, but it is known that carbolic acid depresses the vital activity of bioplasm.

Referring to the details of Lister's dressing, the writer is of opinion that many of them are unnecessary, and sometimes even actually injurious. They are also cumbersome and expensive. The thick and heavy wrappings will at times retain the secretions, heat the part, and lead to bad results.

On the whole, Dr. Markoe avers the belief that the theory of Lister is insufficient and unproven; and that the good practical results are due to the specific action of carbolic acid, and the surgical cleanliness which the treatment demands.

The mode of treating wounds, which the writer had been employing for ten months in Roosevelt and New York Hospitals, is then described. It consists in passing rubber drainage-tubes into the wound, making counter-openings, when necessary to secure free drainage, and covering the whole with a few layers of carbolized gauze. Carbolized water is then injected through the tubes at first during every two or three hours; after this less frequently. Fifty-two cases are cited illustrating the good results of this treatment. In almost every instance there was but little traumatic fever, the wound was not painful and reparative action soon set in. The treatment seems to be of especial value in compound fractures. Here counter-openings are generally made and plaster-of-Paris bandages with fenestra then applied.—*Med. Record*.

PARAPHIMOSIS—SIMPLE MODE OF REDUCTION.—In very difficult cases, where ordinary means fail, Dr. Bardinet (*Le Praticien*) proceeds as follows: he takes a hair-pin, presses the points together somewhat, and inserts the curved end under the strangulation back of the gland. He then applies a second and a third at intervals around the gland; then, drawing the prepuce forwards, reduces it with great facility, the skin sliding over the three bridges without obstruction.

UNUSUALLY HIGH TEMPERATURES;—The *Chicago Medical Gazette* says with regard to unusually high temperatures: Dr. John W. Teale, of Scarborough, England, our readers will perhaps remember, published a very notable case of extreme high temperature in 1875, which was the subject of considerable criticism at the time. The temperature of the patient, who was suffering from a severe spinal injury, ranged as high as 122° F.; the observations were made with unusual care and confirmed by two observers. The patient recovered, but subsequently had a relapse under another physician, and the same peculiarities were noticed, a thermometer bursting on one occasion at 117° F., the index being found in the broken-off air-space at the top. At the meeting of the British Medical Association at Cork, last summer, a paper on the subject was read by Dr. Donkin, of London, and published in the *British Medical Journal* of December 20, 1879. In it he reports an observation of his own of a case of enteric fever in which the temperature ranged as high as 111.6° F., and also refers to seven other cases observed by competent medical men, in which it was even higher. In none of these were specially dangerous symptoms or conditions mentioned as apparently connected with these high temperatures. On the strength of this Dr. Teale again comes to the front in a communication to the *British Medical Journal* of January 24th, in which he claims that his observations have been fully vindicated, and that the following points are fully established: (1.) "Temperatures above the degree formerly supposed to be necessarily fatal do sometimes occur without a fatal issue; nay, even without extreme peril to life. (2.) Such exceptional and excessive temperatures as a rule end in recovery. (3.) The conditions of body in these cases of excessive temperature appear to be distinct from the conditions existing in fevers, in which the rule as to the extreme peril of temperatures of 107° F. and upward remains unassailed."

MEASLES FOLLOWED BY ALBUMINURIA AND GENERAL ANASARCA.—The occurrence of acute desquamative nephritis as a sequela of measles, though not unknown, is sufficiently rare to prove of interest when brought under notice. The following case, it can hardly be doubted, was one of measles, and the patient was admitted to Dr. Perry's care on account of the general dropsy which had set in three or four days before. The patient, a lad of about 16 years of age, states that a few weeks ago he took what seemed to him a common cold. He had a cough which caused him pain in the chest; there was also running at the nose and watering at the eyes. It pained him, also, when he looked towards the light. A few spots then came out on his breast, and as there had been measles in the same house, and patient was not aware of ever having had the disease it was more than suspected that he had now taken

it. A doctor was sent for, who pronounced it to be a case of measles. After being three days in bed, and of the third day of the rash, he rose and visited the doctor at his consulting rooms. Patient says it was a cold, blowy morning, but dry, and though he had only a short distance to go, and was well muffled up, he felt very cold and "light in the head." This was on a Thursday. On the following day, the rash was almost gone; his cough was worse, and he could take little or no food. No improvement took place, and yet on the following Monday evening he resumed his employment—that of a hammerman on the "night shift," in a tube work. From the nature of his employment, he was exposed to excessive heat, requiring him to "cool down" from time to time, in the open air. After being two nights at this work, his face was slightly swollen, and he had what he calls "a sleepy feeling" in his legs. On the third morning (Thursday) his face, abdomen, and legs were very much swollen; he was sick, and vomited once or twice. He took to bed that evening. He does not seem to have had any particular pain or uneasiness at this period, but he noticed that he made water often, and very little at a time. The scrotum and penis then began to be œdematous. He was much in the same condition when admitted to Ward III on the following Monday (Feb. 9th), except that the swelling in the lower limbs was less, and chiefly confined to the feet. He was still passing water frequently, and in small amount—not more than four or five pints in the twenty-four hours—and this continued for at least a few days after his admission. It was of a dark smoky colour, highly albuminous, and contained epithelial tube casts. Specific gravity 1013. He was treated with infusion of digitalis, and very soon the amount of urine excreted reached the normal quantity. The œdema of the feet first disappeared, then that of the face, and lastly the ascites. The urine is still slightly albuminous. The case is interesting, not merely as illustrating a connection between measles and renal disease, but as pointing very conclusively to exposure as the cause of the complication. However doubtful exposure to changes of temperature may be as a general cause of dropsy after scarlet fever, it is surely not too much to suppose that the extraordinary want of care on the patient's part of himself, both during the height of the attack and during convalescence, determined this extraordinary, or at least very unusual, sequela of measles.—*Glasgow Medical Journal*.

ALKALIES IN ANÆMIA.—Dr. W. Nicholson (in the *Practitioner*) writes strongly in favour of a more extensive use of alkalies, particularly of potash, in anæmia, due to hepatic disorder, the most common of all forms of the affection; that alkalies have a beneficial action on the liver, which action tends to restore the blood to its normal character; and

that alkalies ought to take the place of iron in the treatment of anæmia. He insists on the action of alkalies as general remedies, observing that their local antacid effect is the least important action of all. In his opinion the most noteworthy influence of potash, which is seen in the increased secretion and greater fluidity of the bile, is exercised on the liver, an organ which he regards as principally an eliminator of waste products from the blood; potash is further a very feeble diuretic, any action it may have on the glandular system is indirect, and due solely to its action on the liver. Contrary to the general belief, also, the author has never found alkalies depressing, though he is in the habit of giving them largely and continuously, even to old and middle aged people.—*Glasgow Med. Journal*.

TREATMENT OF PUERPERAL INFECTION BY WASHING OUT THE UTERUS.—M. Lalesque has treated two cases successfully in this way, using injections of carbolized water. In the first case, a primipara, the forceps had to be applied; there was hæmorrhage both before and after delivery, and the placenta was adherent. On the second day after the confinement, up to which time there had been slight fever, abdominal pain, and distension, she was seized with a violent rigor, and passed into a state of high fever, with sleeplessness and delirium at night. On the third day, the general condition was grave: the fever acute, pulse 120, skin dry, face shrivelled, eyes hollowed, respiration embarrassed, bronchitic râles on auscultation; no abdominal troubles, save diarrhœa. The uterus was then washed out with a 1 to 200 solution of carbolic acid, which brought away some blood clots, and blackish, fœtid debris. In the evening, her condition being unimproved, the uterus was again washed out. In the space of half-an-hour she had three successive synopes. There was relaxation of the sphincter. Night sleepless. On the fourth day the symptoms were less acute, but in the evening she had another rigor, more violent than the first, lasting half-an-hour, and accompanied with intense dyspnoea. From that day, however, she rallied. The intra-uterine douche was applied, by means of a double current catheter, up to the ninth day, at first three times, and then twice daily. At the same time, tonics and sulphate of quinine were administered. Albumen was never found in the urine. The lacteal secretion never disappeared.

The cause of all the mischief in this case was set down to uterine inertia; and it was held that the uterine douche of carbolized water was the best treatment, whether it acted only locally or specifically against the puerperal septicæmia.

In the second case the woman, also a primipara, aborted at the fifth month. Twin fœtuses were discharged, and one placenta was removed, prior to admission to the hospital. On the fourth day the fœtid debris of a placenta began to come away, and

it was only then that the physician was apprised of the above facts. Fearing the occurrence of symptoms similar to those in his first case, M. Lalesque for four days carried out the intra uterine douche treatment, after which time the lochia were quite sweet.

In conclusion, he urges that the various evils said to follow on the use of this method, such as hæmorrhage, peritonitis, &c., have not occurred in his own experience, and need not if due caution be used in the introduction of the instrument, and great gentleness in the injection of the water.—*La France Médecine*. No. 2. 1880. *Glasgow Med. Journal*.

TREATMENT OF ACUTE BRONCHITIS.—(*Paris Médical*) Dr. Bozzi has ascertained, as the result of a large experience, that the following medication cures acute bronchitis in the most certain and rapid manner:

℞ Yellow sulphide of antimony, 1 gram = 15.4 grs.
Dover's powder, 1 gram = 15.4 grs.
Powdered sugar, 3 grams = 46.2 grs.

M. Divide into ten parts, and take one every three hours—but no more than four doses should be taken in the twenty-four hours. The same medication is also very useful in acute exacerbations of chronic bronchitis, as well as in that symptomatic of cardiac and pulmonary diseases. The diet should be limited to the use of warm sweetened milk and chicken soup. The temperature of the sick room should not be lower than 12° Réaumur (60° Fah.)—*Clinical Record*.

TREATMENT OF CHRONIC ECZEMA OF THE PALM.—Dr. Lush gives the following lotion, which he has found to be beneficial in allaying the intense irritation which so often accompanies cases of chronic eczema rimosum of the palm. It consists of bicarbonate of soda, 2 drachms; bicarbonate of potash, 1 drachm; glycerin, 1.5 drachms; tincture of opium, 2 drachms; water, 18 ounces. Dr. Lush considers this bicarbonate of soda solution almost, if not quite, a specific for the relief of the intense burning irritation which often attends chronic eczema, more especially if the patient has a rheumatic tendency.—*British Medical Journal*.

CHLORAL IN PUERPERAL CONVULSIONS.—*Gazette Hebdom.*: At the Paris Hospital Medical Society M. Guyot stated that he had met with remarkable success in the use of chloral in the treatment of eclampsia. From 1st of January to 15th of July of last year he had met with fourteen cases in his lying-in ward, and of these thirteen recovered. The chloral had been administered as an enem., in doses varying from four to sixteen grams in the twenty-four hours. In cases in which congestion existed venesection was also practiced.

USES OF BORACIC ACID.—Dr. F. P. Atkinson (London *Practitioner*, April, 1880) says: Considering the well-known antiseptic properties of boracic acid, it is exceedingly curious how little it has been administered as an internal remedy. Its effect in diphtheria, both locally and internally, is very marked, and the following statement by Drs. Cossar Ewart and Malcolm Simpson proves in a pretty conclusive manner the action it has upon the disease germs: "Pieces of membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope, showed the characteristic bacilli; but these were absolutely innocuous, and instead of lengthening into spore-bearing filaments, micrococci bacterium termo or torula appeared in their stead. By the use of the acid the disease was shortened and the other members of the family were protected from infection." In the treatment of *puerperal fever*, combined with sulphuric ether (which is also an antiseptic), and when it has been found necessary a little tincture opium, it has given more decidedly beneficial results than anything with which I am acquainted. I feel certain that it ought to hold an important place in the treatment of carbuncular disease—erysipelas, cholera, scarlatina, enteric, typhus, and intermittent fever—and in fact all those cases which are known to have a septic origin. From what I know of its power in combating the action of disease germs, I cannot help thinking it would materially lessen, not only the intensity, but also the duration of the various eruptive fevers. I incline to this belief very strongly; time will quickly show whether it is correct or not. It is but sparingly soluble in cold water; an ounce will only take up about 18 grains, but a drachm of boiling water will dissolve about 5 grains. The dose is from 5 to 15 grains. It has one particular recommendation, and that is its tastelessness.

ASPIRATION OF THE KNEE JOINT.—Dr. Henry A. Marcy, of Boston, urgently advises the early removal of serous or purulent effusion in the synovial capsule by aspiration, and a repetition of the process on the reaccumulation of fluid. He supports his method by a formidable array of testimony in its favour, showing not only its safety but its decided curative results. The late Professor E. A. Cooper, of San Francisco, some twenty years ago, and before the modern process of aspiration was in use, never hesitated to open a suppurated knee joint with the knife. He utterly discarded the old idea of danger from the operation, and his success warranted his course in this respect. According to his teachings, the universal dread of admitting air to the synovial surface had no more foundation in reason and experience than the universal practice of treating wounds with hot oil in the time of Ambrose Paré.—*Pacific Med. and Surg. Journal*.

CAUTION IN REGARD TO CHRYSOPHANIC ACID.—Physicians prescribing chrysophanic acid—which is now coming so largely into use in the treatment of skin diseases, especially ringworm—should warn their patients against the accident of introducing it into their eyes, through rubbing their eyes with their fingers, etc. Dilatation of the pupil ensues, accompanied with intense inflammatory itching and burning, causing much pain for the few days it lasts, though the inflammation soon subsides.

TARTRATE OF MORPHIA.—The new preparation of neutral tartrate of morphia is a useful adjunct to our therapeutics. Being very soluble it passes quickly out of the system, and gives less of the unpleasant after effects than either the muriate or acetate. Its great solubility makes it particularly advantageous for subcutaneous injection. It gives little smarting or irritation when thus administered, and the solution never clogs the finest needles.

THE BARKER TREATMENT OF CROUP.—The treatment introduced by Fordyce Barker, ten years ago, consists in: an emetic, preferably of "Turpeth mineral" (2-5 grains); veratrum viride, till pulse is reduced to 60, where it is to be kept (two drops every hour is the usual dose); quinine, in tonic doses.

At dinner a lady had a doctor on either hand, one of whom remarked that they were well served, since they had a duck between them. "Yes," she broke in—her wit is of the sort that comes in flashes—"and I am between two quacks." Then silence fell.

MRS. JOHN JACOB ASTOR has presented a "loving cup" of solid silver, lined with gold, about twelve inches high and six inches in diameter, to the New York Academy of Medicine, "as a messenger of a true sympathy in the purposes of the Society."

A SUCCESSFUL CASE OF OVARIOTOMY, during the sixth month of pregnancy, is reported by Dr. A. L. Galaban, in the *British Medical Journal*. Delivery took place at the full term, and mother and child did well.

DR. CURNI, IN THE MICHIGAN MEDICAL NEWS, says he has never known a failure to cure sweating by sponging the body with a solution of sulphate of quinia, one drachm to the pint of alcohol.

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet*.

THE CANADA LANCET.

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TORONTO, JUNE 1, 1880.

REGINA vs. COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

JUDGMENT OF CHIEF JUSTICE HAGARTY.

We give herewith the judgment of Chief Justice Hagarty, in the case of Dr. A. E. Mallory, who obtained a rule *nisi* calling on the defendants to shew cause why they should not enter his name on the Ontario Medical Register as duly qualified and licensed to practice medicine, surgery and midwifery in the Province of Ontario. Dr. Mallory was a Canadian graduate in medicine, who subsequently qualified and registered under the Imperial Medical Act of Great Britain. On his return to Canada he applied to the Registrar of the Medical Council of Ontario, paying his registration free of \$10, but the Council refused to enter his name upon the register.

"December 27th, 1879. In the manner in which the matter has been argued and placed before us, we understand that, apart from technical objections, our opinion is desired as to the right of the defendants to refuse registration to a regularly qualified and registered practitioner, under the Imperial Act known as the Medical Act, without submitting to the examinations prescribed by the rules of the defendants' College. This applicant has paid, or offered to pay, the ordinary fees required for registration.

Shortly before Confederation the then Parliament of Canada passed the Act (1865) 29 Vict. ch. 34, providing for a register of licensed practitioners, and for the admission thereto on a fee of \$5 for qualification obtained up to 1st of January, 1866, and not to exceed \$10 for qualification obtained thereafter. Schedule A contained a list of persons qualified for registration, amongst them

medical or surgical degree or diploma of any University in Her Majesty's Dominions, diploma or license as physicians or surgeons from the Royal College of Physicians or Royal College of Surgeons, London, or a certificate of registration under the Imperial "Medical Act" 21 & 22 Vict., or any Act amending the same.

The British North American Act, passed 29th of March, 1867, sec. 73, declares the Provincial Legislature "may exclusively make laws in relation to education." On the 24th of March, 1874, the Ontario Act, 37 Vict. ch. 30, was passed to amend and consolidate the laws relating to the medical profession in Ontario, repealing previous Acts. The main provisions appear in Rev. Stat. O., ch. 141, sec. 24. All persons qualified under schedule B prior to July, 1870, may register on payment of a fee of not over \$10; and (sec. 25) all persons not so qualified should submit to examination. This section B (as in the Act of 1865,) allows as a qualification the certificates of registration under the Imperial Medical Act, or any Act amending same. But as the present applicant obtained his Imperial qualification long after 1870, it is urged here that he cannot claim any privilege therefrom.

Sec. 23 leaves it optional with the Council to admit to registration persons registered in Great Britain, on such terms as the Council may deem expedient.

Sec. 25, as to a person not qualified under schedule B: besides examination he must pay such fees as the Council may by general by-law establish. On behalf of the applicant, the Imperial Act 21 & 22 Vic. ch. 90, and the amended Act of 1868, hereafter cited, are strongly relied on.

The Imperial Act (1858) established a Medical Council and Register. Sec. 31 declared that every person so registered should be entitled to practice medicine and surgery "in any part of Her Majesty's Dominions." The Imperial Statute, 31 Vic. ch. 29, was passed on the 29th May, 1868. It recites that by sec. 31 of the "Medical Act," 21 & 22 Vic. ch. 90, it is enacted that every person registered under this Act shall be entitled, according to his qualification or qualifications, to practice medicine or surgery, as the case may be, in any part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid and

advice and visits, and the costs of any medicines or other medical or surgical appliances rendered or supplied by him to his patients. It enacts (2): "The 'Colony' shall in this Act include all of Her Majesty's possessions abroad in which there shall exist a Legislature as hereinafter defined, except the Channel Islands and the Isle of Man. The term 'Colonial Legislature' shall signify the authority other than the Imperial Parliament or Her Majesty in Council competent to make laws for any Colony."

3. "Every Colonial Legislature shall have full power from time to time to make laws for the purpose of enforcing the registration within its jurisdiction of persons who have been registered under the 'Medical Act,' any thing in the said Act to the contrary notwithstanding; provided, however, that any person who has been duly registered under 'The Medical Act' shall be entitled to be registered in any Colony, upon payment of the fees (if any) required for such registration, and upon proof, in such manner as the Colonial Legislature shall direct, of his registration under the said Act."

The case on behalf of the defendants was argued by Mr. Crooks in a fair and candid spirit, admitting, as of course was necessary, with the Federation Act before us, that if the Imperial Parliament distinctly legislate for us they can do so, notwithstanding any previous enactment or alleged surrender of the power of exclusive legislation on any subject. But it was ably urged that, as the subject of education was one in which the exclusive right was given to this Province, we should read the subsequent Imperial Act as not interfering with the right so granted. To this it may be argued that where the Federation Act speaks of any such exclusive right, it means exclusive as opposed to any attempt to legislate by the Dominion Parliament. But it appears to us that the language of the Imperial Act already cited is too clear for dispute. It declares pointedly and most distinctly that a person on its register shall be entitled to registration in any Colony on payment of the fee (if any) required for such registration; and the definition of 'colony' clearly includes Canada.

It is impossible for us to refuse to these clear words their equally clear interpretation. It must be borne in mind that at the date of Confederation the Imperial Act of 1858, with the general words, "in any part of Her Majesty's Dominions," was in

force, and that in the amending Act of 1868 the Imperial Parliament was legislating for over forty colonial possessions of Great Britain, and not merely for the British Isles. It was hardly, in any view, an unreasonable assumption that for such a diversified empire, with so many colonies in various stages of national development, to take it for granted that a scientific qualification deemed sufficient for the advanced civilization of the parent State would be willingly accepted as sufficient for the empire at large. It would have been, perhaps, not free from reasonable objection to have admitted to practice in England every person said to be qualified by any local law in any of the colonies. It would have been, perhaps, painfully invidious to except any one or more of the Queen's possessions, on the assumption that it had attained a higher level in medical education.

We do not think it necessary to discuss a question suggested rather than argued, as to the right of defendants to require persons claiming registration without examination to pay any increased fee demanded by them. Mr. Crooks did not press any such point, and we do not feel inclined to impute to a body of gentlemen representing the medical profession in Ontario, standing so deservedly high in public repute, a desire to do more than to ascertain their legal rights, and not to evade their performance, or induce submission to an unlawful requirement, by the imposition of what may be termed 'differential duties' against those who may seek to make this country their home, on the faith of the general law of the Empire."

Justices Armour and Cameron concurred in the above judgment, and the rule was made absolute. It is now a settled fact that a medical practitioner registered in England under the Imperial Medical Act, is entitled, without examination, to registration in Ontario on payment of the proper fees, even though his registration in England has been after July 1870, and a mandamus will be granted to the proper authorities here to admit him to registration on payment of such fees.

NURSING AT GUY'S HOSPITAL.

The appointment a short time ago of a new matron at Guy's Hospital, London, and the reorganization by her in November last of the nursing system, by the introduction of new nurses and arrangements in accordance with the modern train-

ing-school, have occasioned considerable opposition among the medical staff and students. Letters were published in the medical journals in which it was claimed that the old system was as good as the new, and the old nurses quite equal to those who received a special training. The discussion *pro* and *con* has been continued with a good deal of acrimony, and in the April number of the *Nineteenth Century*, one of the present nurses, Miss Margaret Lonsdale, the author of "Sister Dora"—if any of our readers know who Sister Dora was—comes out with a strong indictment against the old-fashioned nurses, the doctors and the medical students. The nurses, she asserts, were of the charwoman class, ignorant, coarse, unclean, drunken, and immoral generally, and the doctors tolerated this class of women, and now resent their withdrawal, and oppose the lady nurse of which Miss Lonsdale is a representative, because she imposes upon them decent restraints. The medical students, who are "an ill-mannered set," seemed to consider that they had a perfect right to go through the wards whenever they pleased, to give orders to the nurses and create confusion generally. It was also intimated that the relations between the house-surgeons and the nurses were not always of the most proper kind.

Of course it was not to be expected that this extraordinary denunciation of the medical staff, students and nurses, would be allowed to pass unnoticed. Accordingly replies have been published in the May number of the *Nineteenth Century* by Sir Wm. Gull, consulting physician, and Dr. Habershon; and Dr. Moxon, publishes a reply in a recent number of the *Contemporary Review*. These gentlemen are well known as men of integrity; they are intimately acquainted with the management of the Hospital, and they all concur in refuting the calumnies uttered against the nurses by Miss Lonsdale, and in exposing the absurdity of the argument that "doctors are not necessarily judges of the details of nursing." Sir Wm. Gull expresses regret that a good cause—that of enlisting the sympathies of the authorities in favor of a better class of nurses—should have been impaired by the want of fairness or want of knowledge which has prevented the writer from recognizing the labors of others. He says in his concluding paragraph, "the tone in which she has written respecting all concerned, whether medical

men, students or nurses, is exaggerated, disrespectful and unfair. The reckless way in which a worthy though uneducated class of women are stigmatized, the unworthy motives which are attributed to gentlemen of education, the statement that medical men and their pupils are so devoid of moral sense and refinement that their words and ways are only decent because a lady is present in the wards to restrain them, and that the opposition to lady nurses is grounded upon nothing so much as upon the desire to get rid of such restraint,—all these utterances taken together, indicate, on the part either of the writer or of those who have inspired her, an animus which all must deplore. For my own part I have special grounds for regret, comparing small things with great. I had long hoped that our large hospitals might be made as available for the education and training of carefully selected women for nurses, as they have so long and successfully been for the education of medical men; and whilst I have been encouraging the authorities of Guy's to prosecute this movement, comes this writer's article like a dead fly in the ointment of the apothecary, and mars the work."

While we do not for one moment believe that the nursing in Guy's hospital is as bad as Miss Lonsdale would have the public suppose, we have at the same time no doubt that there was and is room for improvement, and that those attempting the reform were not altogether wrong, but were, perhaps carrying out their plans in rather too arbitrary a manner, and with too little regard for the opinions and wishes of the medical staff. It must be conceded that a requisite amount of training of the proper kind in an hospital or school for the purpose, will render the recipient much more competent to undertake the duties of a nurse than was the case with those of the old-fashioned style, and therefore every encouragement should be given to trained nurses. They should, however, always bear in mind that their duties begin and end with their patients, and in carrying out the instructions of the physician in charge, and not in supervising his conduct or the conduct of the students around him.

"SALISBURY METHOD" OF TREATING CONSUMPTION.

Considerable attention has recently been given to the method of treating consumption by which it

known as the "Salisbury diet method of cure." Dr. Salisbury considers phthisis to be the result of a distinctive agency foreign to the body and introduced from without by certain ingesta. The subject has engaged his attention for a long period of years, and his opinions are at least deserving of consideration, whatever may ultimately be found to be the value of the treatment recommended. His theory involves several ideas, all of which may be true, or the facts on which the theory is built may be correct and the theory incorrect; for experience shows that facts and theories are not always equally true. Many examples of this might be cited. The profession is not unfrequently most capricious in dealing with facts and fancies, admitting some which are most problematic, and rejecting some that are true.

With regard to Dr. Salisbury's theory, it is based on the assumption that phthisis is due to defective alimentation and imperfect assimilation, and may be remedied by strict attention to dietetic management. For many years past the treatment of phthisis has been approached a great deal too exclusively from the climatic side of the problem. The great benefit derived by some invalids who go to a warmer climate, comes from the fact that the climate is such that they can be in the open air much of the time, and this is of itself most beneficial; but the dietary in such countries is, according to Salisbury's theory, most injurious, so that what is gained on the one hand is lost on the other. He, therefore, recommends a fixed diet, which consists almost exclusively of meat, the exclusion of all food that will ferment in the stomach—all kinds of fruits and vegetables, sweet and sour (except lemon). The principal food is broiled steaks; but chicken broiled, oysters broiled or raw, with lemon juice instead of vinegar, and wild game, may be taken occasionally. A small quantity of bread and a cup of tea or coffee, without sugar or milk, may also be taken. The round steak is to be preferred because of its juiciness. It should be prepared by first trimming off the fat, then chopping it fine as for sausage meat, and placing it in a broiler covered with a plate. No butter, salt, or pepper, should be used until it is cooked, as these things have a tendency to harden the meat. Where the patient can eat but a small quantity of meat at a time, he should begin with five meals a day, served warm, and never hurry

mastication. Salt and most spices may be used, while lemon juice should take the place altogether of vinegar.

Another feature of this system of treatment is, that the patient himself is to do the work, and not leave all to the treatment of the physician. This keeps the mind employed, and moderate daily exercise will relieve the monotony of the sick room. Any gentle exercise may be indulged in, which is not too exhausting and which will expand the chest, such as the use of the dumb-bells, calisthenics, &c. The expansion of the chest by the inhalation of air to the full capacity of the lungs, will be attended with marked benefit. Where patients are very weak, brisk rubbing of the body will be found an excellent substitute for any better form of exercise. Stimulants, in moderate quantity, as good whiskey, or New England rum, may be used, and will be found to impart much increased vitality. This plan of treatment has been put in practice, not only by Dr. Salisbury, but also by many of his followers, with good results, and is worthy of the attention of the profession.

THE LATE DR. TURQUAND.

The death of Dr. Turquand of Woodstock, which it is our painful duty to chronicle, will be as much a surprise to many of his professional friends as it was to ourselves when we received the first intimation of it. The deceased was born in the Island of Malta, when the affairs of that Island were administered by his father as deputy to the Receiver-General of Canada. He came to Canada when quite young, and was a pupil at the old District School under the then Ven. Arch-Deacon Strachan, and when Upper Canada College was opened, he was one of the first pupils to enter the College. After completing his literary educational course, he turned his attention to the profession of medicine, pursuing his studies under the late Dr. King, and in 1836 took his degree in McGill College with marked distinction. At the earnest solicitation of the late Rector of Woodstock—Canon Bettridge, and also of Admiral Vansittart, he commenced practice in Woodstock, where he has continued up to the time of his death. He had a strong hold upon the confidence of the people of his adopted county, and, besides securing a large and lucrative practice, he held many important

offices and appointments. He was a member of the Ontario Medical Council from 1866 to 1869, and occupied the Presidential chair in 1868. His name was before the electors of the Territorial Division of Gore and Thames as the representative on the Medical Council in the present election, and with almost the certainty of being elected. He was also President of the Oxford Medical Association, surgeon to the 2nd Oxford regiment, physician to the County prison, medical adviser of the Great Western Railway Co. &c. &c. In his social relations he was kind and affectionate, thoroughly unselfish, and was ever ready to lend a helping hand to any enterprise of a public or private beneficial nature. His funeral was very largely attended, and bespoke the kindly feelings and warm attachment of a large circle of devoted friends, desirous of paying their last tribute of respect to his memory. He leaves a wife and family of three sons and three daughters to mourn his loss.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.—The following are the names of the successful candidates in the recent examinations of the Council of the College of Physicians and Surgeons of Ontario:—

Final Examination.—W. L. Allen, F. H. S. Ames, James Anderson, J. M. Boileau, George Bowman, W. W. Boyce, M. Brownlee, D. C. Buchner, A. W. Campbell, H. H. Chown, W. S. Clark, G. H. Clemens, L. B. Clemens, George Colquhoun, J. M. Cotton, W. J. Cross, A. N. DesRosnier, J. F. Dickson, Judson Ellis, A. Fisher, J. E. Galbraith, J. J. Glendenning, John Gordon, T. N. Greer, W. E. Hamill, D. S. Hoig, W. H. Howey, D. G. Inksetter, G. W. Judson, J. K. Kippax, F. B. Lundy, H. G. Mackid, W. E. Macklin, J. McCarroll, B. McKenzie, R. J. McKinnon, R. McWilliam, J. Odium, R. Patterson, J. M. Piper, J. H. Radford, J. G. Scott, L. E. Shepherd, H. B. Small, G. B. Smith, A. Soper, T. C. Spence, T. H. Tracy, M. Wallace, Hugh Watt, J. V. White, Thomas Wilson, G. C. Hart.

Third year.—F. Howitt, W. A. Lavell, W. A. Mearns, H. H. Reeve, A. C. Jones.

Primary.—H. W. Aikins, Wm. A. Allen, W. M. Brett, J. H. Betts, W. F. Eastwood, C. V. Emery, A. H. Ferguson, James Ferrier, H. D. Fraser, A. C. Gaviller, W. J. Gibson, W. Hanbridge, D. A. John-

ston, Duke Lloyd, James Lafferty, T. McCarthy, H. P. McCausland, George McLain, H. R. McGill, J. S. McGurn, V. H. Ogden, J. F. O'Shea, Edward Oldham, A. C. Panton, W. F. Peters, J. E. Shaw, E. A. Spilsbury, J. M. Stewart, W. J. Tracy, John Walker, David Wallace, R. R. Wallace, F. E. Woolverton.

Second year.—James F. Bell, G. S. Cleland, J. T. Duncan, R. S. Frost, E. G. Knill, T. M. Milroy, D. W. Montgomery, M. McPhaden, David Rose.

TORONTO UNIVERSITY MEDICAL EXAMINATIONS.—The following is the list of successful candidates in the recent medical examinations in the University of Toronto:—

First Professional Examination.—Clarke, H. S., Davidson, A. B., Hansler, J. E., Lepper, W. J., Meldrum, J. A., Robinson, W. J.

Second Professional Examination.—Bell, J. F., Cleland, G. L., Duncan, J. T., Eastwood, W. F., Ferguson, A. H., Ferrier, J., Fisher, R. M., Hanbridge, W., Johnston, W. H., Kent, F. D., Knill, E. G., Lafferty, J., Milroy, T. M., Montgomery, D. W., McMurrich, J. P., Panton, A. C., Wallace, R. R., Woolverton, F. E.

Primary Examination.—Aikins, H. W., Chapman, A., Elliott, H. R., Johnston, J. M., Kerr, H.

Third Year.—Duncan, J. H., Mearns, W. A.

Candidates for M.B.—Ames, F. H. S., Anderson, J., Beatty, W., Bentley, F., Bowman, G., Bryce, P. H., Clemens, L. B., Clemens, G. H., Cross, W. J., Dickson, J. F., Ellis, J., Ferguson, J., Fisher, A., Glendenning, J. I., Greer, T. N., Hatton, E. F., Hoig, D. S., Lundy, F. B., Macklin, W. E., Martin, M., McDonald, C., McKechnie, N., McWilliam, J., McWilliam, R., Patterson, R., Radford, J. H., Shaw, J. E., Smith, G. B., Smith, H. W., Thompson, G. B., Thuresson, E. M., Welford, A. B., Wilson, R.

Candidates for M.D.—Hamilton, C. J., Leslie, J. W., McCarroll, J., O'Neil, E., Park, T., Pyne, R. A.

SCHOLARSHIPS.—First year, Robertson, W. J.; second year, Wallace, R. R.; third year, Duncan, J. H.

MEDALS.—University gold medal, Cross, W. J.; University silver medal, 1, Bryce, P. H.; 2, Ferguson, J.; Star gold medal, Cross, W. J.; Star silver medal, Bryce, P. H.

TRINITY UNIVERSITY CONVOCATION.—The convocation for conferring degrees in medicine in this University was held on the 19th ult. The following gentlemen received their degrees and standing as given below:—M. D.—G. T. McKeough, R. P. Mills, J. McIlhargy, J. A. McKinnon. M. B.—J. McWilliams, Gold Medallist; M. Martin, Silver Medallist; W. Beatty, L. B. Clemens, H. W. Smith, R. Patterson, Certificates of Honour; F. Bentley, W. W. Boyce, M. Brownlee, F. Cattermole, G. F. Hatton, J. A. Hunter, R. L. Island, G. P. Jones, F. B. Lundy, R. McWilliam, G. A. C. McIntosh, J. A. McNaughton, D. McTavish, N. L. McPhatter, R. Patterson, J. E. Shaw, J. M. Shaw, R. Wilson, E. S. Wilson, T. C. Spence, E. A. Smith.

Primary.—J. Baugh, J. M. Johnston, Certificates of Honor; E. S. Spilsbury, G. M. Maclean, R. Raikes, H. C. Wilson, J. W. Ray, C. W. Belton, A. E. Stutt, and H. H. Atkinson.

The Chancellor, Hon. G. W. Allan, congratulated Trinity Medical College on the wide field of its labours, and alluded to the fact that the silver medallist came from Prince Edward's Island. He reminded the graduates that in no profession would they do more good—unless in the ecclesiastical profession—than the one in which they were about to embark.

VICTORIA UNIVERSITY CONVOCATION.—The following gentlemen received the degree of M. D. in this University on the 19th ult.:—M. D.—Montreal French School—G. H. Girard, L. O. Lavoille, Jos. E. Tournier, James Kobillard, W. C. H. Beaulieu, C. L. H. La Roque, Jos. L. Carignan, Jos. E. Bergeron, Jos. E. E. Roy, O. E. Belcourt, M. E. St. Jacques, A. O. Comiro, Jos. M. Beausoleil, Jos. Blondin, W. Conlombe, H. Paquette, N. Beaudet, G. Th. Moreau, S. E. Bergeron, T. Vadrain, I. O. Lacerte, F. X. Lachapelle, Jos. E. Lafarge, L. Jos. Roy, A. Gauthier, L. De Vandreuil.

Toronto School.—L. E. Sheppard, C. MacDonalld, W. E. Hamill, F. H. S. Ames, G. H. Clemens, J. F. Dickson, G. B. Thompson, J. Gordon, L. Munro, W. MacKechnie, Jos. H. Radford, G. B. Smith, H. Meikle, J. B. Hunter, A. W. Campbell, H. Watt, J. L. Glendenning, T. N. Greer, G. L. Milne, W. R. Sutherland, J. M. Piper, J. V. White.

Wm. T. Park, C. A. Hamilton, J. J. Galbraith, (*ad eundem.*)

MATRICULANTS IN MEDICINE.—The following candidates passed the Matriculation examination before the examiners of the College of Physicians and Surgeons, Ont., at their recent sitting:—

J. D. Wilson, Amos F. Bowman, Norman, B. Cash, W. G. Anglin, Henry C. Disney, J. A. Cole, John F. Cowan, John Ferguson, Alexander Sangster, E. Harry Webster, Edward G. Wood, Peter T. Kilgour, Chas. E. Cochrane, T. H. Lauder, Archibald W. Crosby, Albert F. Tracy, Robert Hislop, Andrew D. Lake, James McMichael, William Jacques, Duncan A. Cameron, Adam G. Elliott, Fred. G. Lundy, Walter Henry Wright, Wm. Kennedy, Edward S. Holmes, Mrs. F. S. McGilivray, Andrew Christie, James H. McCullough, T. O'Brien, I. Francis Martin, Mary E. Coleman, D. M. Staebler, Robert S. Smith, Duncan P. McPhail, George Shoults, A. L. Leitch, Charles E. B. Duncombe, Thomas H. Fahey, James F. Johnston, Thomas Porter; George S. McGhie, T. H. Robinson, Thomas A. Moore, Horan Bascom. E. M. Hoople, Robert A. Barber, T. B. Davies.

HALIFAX UNIVERSITY CONVOCATION.—At the recent convocation of the above-named University, the following gentlemen received their degrees and standing respectively:—

M.D., C.M.—C. A. Mosely, and J. J. McLean, with honors.

Primary Examination.—M. C. Atkinson, and W. N. Woodill.

QUEEN'S UNIVERSITY CONVOCATION.—The following gentlemen have received the degree of M. D. in Queen's University: H. H. Chown, B.A., J. E. Clarke, L. E. Day, C. R. Dickson, C. S. Empey, J. E. Galbraith, J. H. Knight, P. McPhaden, J. Odium, H. H. Reeve, W. D. Reid, Thomas Wilson, B.A., W. H. Waddell, W. A. Lavell.

JOHNS HOPKINS UNIVERSITY, BALTIMORE.—Dr. W. K. Brooks, Associate Professor of Biology, has chosen Beaufort, N.C., as the place for the third session of the Marine Zoological Laboratory of the University. The session extends from April 24th to September 1st. Papers on the subject of Biology will be published as heretofore from time to time under the joint editorship of Prof. H. N. Martin and Dr. Brooks. Three other journals are conducted by professors of this University, viz:—The *American Journal of Mathematics* by Prof. J. J.

Sylvester; The *Am. Chemical Journal* by Prof. Ira. Remsen; and the *Am. Journal of Philology*, by Prof. B. L. Gildersleeve.

AUTOMATIC VENTILATOR.—We have been shown a very ingenious device by Mr. Sayers, of Guelph, for the ventilation of houses, schools, churches, and public buildings. The apparatus is adjusted to the top of the window case. It stretches across the entire width of the window and permits of the entrance of a current of air near the ceiling, at the same time excluding snow, rain, dust, or sudden gusts of wind. The latter is accomplished by the automatic closure of the valves by a forcible current of air. The advantages claimed for it are: 1st. The admission of air in such a way that it is warmed as it enters the room, being forced to mix with the warmer air near the ceiling. 2nd. The automatic valves and filter prevent the admission of rain, snow, or dust—any wind violent enough to raise dust, closes the valves. 3rd. It is simple in its arrangement, easily managed, and does away with the necessity for weights or pulleys in the sash. 4th. With one of these ventilators in an ordinary sized bedroom, it can be left open in all weather, and renders the air as pure as outside air without chilling the room, doing away with the danger of escape of gas from burners or base-burning stoves, and finally with a fireplace in the room it may be considered the most perfect system of ventilation as yet proposed.

THE APPROACHING CENSUS. The propriety and utility of taking the census of a country at stated periods has long been recognized, but in order to its being of value it requires to be carefully and correctly done, not hurried over as an unpleasant task, or a useless piece of formality. As regards the information to be ascertained, it is needless to say that it should not fall behind that which was obtained at the last census, but should, if possible, be more complete. In addition to the usual information it would add very much to the value of the returns if an enumeration of the number of sick persons were given—those who require medical advice, or who are disabled from following their usual occupation by reason of sickness. The name of the disease might also be given. This would eventually lead to the more careful collection of vital statistics, a matter of very great importance

in the progress of sanitary reform. This duty would increase the labours of the enumerators only very slightly, and if carefully and uniformly filled in, would be of the greatest possible benefit, and very much increase the value of the reports. It is to be hoped that every effort will be put forth at the approaching census to obtain that correctness and uniformity which will give increased value to our national census report.

DEATH OF A PROMISING STUDENT.—The lamented death, after a short illness, of H. W. Rath, first silver medallist in the Fellowship Examination of Trinity Medical School, Toronto, is worthy of more than a mere passing notice. A few days after the close of the examinations, he was attacked with severe hemoptysis, which was followed by great prostration and impairment of the action of the lungs. He was too ill to be present at the school when the prizes were distributed, and the medal was taken to his bedside and given to him there. A few hours later life had fled. Mr. Rath was a native of Mitchell, but moved here with his mother last fall to attend the classes. He was a great favorite with the professors and his fellow-students at the College.

THE BRITISH MEDICAL ASSOCIATION.—The 45th annual meeting of the British Medical Association will be held at Cambridge, commencing August 10th, under the presidency of Dr. G. M. Humphrey. The address on medicine will be delivered by Dr. J. B. Bradbury, Physician to Aldenbrooke's Hospital, and in surgery by Timothy Holmes, of St. George's Hospital. An address on Physiology will be delivered by Dr. Michael Foster, Trinity College, Cambridge. The business of the Association will be transacted in eight sections.

HIGH PRICE OF OPIUM.—There has been a falling off during the past two years in the opium crop owing to the unusually cold weather in Turkish Asia. Some cruel speculators in London, and Wall Street, New York, have bought up nearly all the available opium, and the prospect is that during the present year opium may go up to \$10 or \$12 per lb. The entire stock of medicinal opium in the world to day is about four thousand cases, seventeen hundred of which are in the United States and thirteen hundred in London.

BRITISH QUALIFICATIONS.—F. C. Stevenson, M.B., Toronto, successfully passed the examination of the Royal College of Physicians, London, and was admitted a licentiate of that body on April 20th, and J. M. Walsh also passed a successful examination for the double qualification of the Royal Colleges of Physicians and Surgeons, Edinburgh.

T. G. Hockridge, M.D., McGill College, has successfully passed the required examination for the diploma, and has been duly admitted a member of the Royal College of Surgeons, England.

ELECTION NOTES.—In the contest in Saugeen and Brock Territorial Division, Dr. Yeomans has retired in favour of Dr. R. Douglass, the object being to consolidate the Northern vote in favour of one of the candidates.

Dr. McCammon, of Kingston, has been appointed by the trustees of Queen's University as the representative on the Ontario Medical Council for the next five years, and Dr. W. H. Ellis has been appointed as the representative of Toronto University.

In the Gore and Thames Division, immediately upon the death of Dr. Turquand, Dr. Beard of Woodstock announced himself as a candidate. Subsequently Dr. Williams of Ingersoll and Dr. Swan of Woodstock have been induced to come forward, and we hope to see one or other of them elected.

PERSONAL.—Dr. James Kerr, of Londonderry, N. S., has sold his practice to Dr. J. W. McDonald, and removed to Winnipeg. He has our best wishes in his new field of labour, and we also trust that his successor in Londonderry may have abundant success.

APPOINTMENTS—Geo. A. Harrison, M.D., and A. Leger, M.D., have been appointed members of the Board of Health for the parish of Shediac, N.B.

Dr. B. Travers has been appointed a member of the Board of Health of St. John, N.B.

H. S. Griffin, M.D., has been appointed one of the attending physicians of the Hamilton General Hospital.

Dr. J. S. Loomis, has been appointed License Commissioner for the District of North Hastings.

Dr. H. J. Saunders, of Kingston, has been appointed a member of the Council of Queen's University.

CORONERS—S. Wright, M.D., of Ottawa, has been appointed Associate Coroner for the County of Carlton; Dr. R. H. Abbott of Stoney Point for the Co. of Essex; Dr. W. S. Fraleigh, of Gananoque for the Co. of Leeds and Greenville, Dr. J. M. Forbes of Seneca for the Co. of Haldimand, and J. W. Gray, M.D., of Bailieboro, for the counties of Peterboro, Northumberland and Durham.

DEATHS—Dr. Sharpey of University College, Eng., joint author of "Sharpey and Quain's Anatomy," died recently in London after a short illness.

Dr. C. H. H. Sayre, son of Dr. Lewis A. Sayre, of New York, died recently, aged 30 years. His death was caused by a compound comminuted fracture of the thigh, occasioned by a severe fall.

OPENINGS FOR MEDICAL MEN.—Several excellent openings for medical men in different parts of the Dominion, may be heard of by communicating with this office.

Reports of Societies.

BRANT COUNTY MEDICAL ASSOCIATION.

A special meeting of the above society was held at the Kirby House, Brantford, on Tuesday 18th inst., for the purpose of nominating a candidate as Electoral Representative to the Ontario Medical Council, the President, Dr. Marquis, in the chair.

It was moved by Dr. Harris, and seconded by Dr. Dee, that this Association will support Dr. McCargow, (the nominee of the Haldimand Co. Medical Society), as the representative for the Erie and Niagara District to the Medical Council.

In amendment it was moved by Dr. Philip, and seconded by Dr. Healey, that the Brant Medical Association, considering the fact that ever since the formation of the Medical Council, a representative has been sent to that body either by Haldimand or Brant, that as a matter of courtesy and right the representative upon the present occasion should be chosen from Welland or Lincoln, and this society will support any gentleman from either of these counties who may receive the endorsement of the Medical men in his own county. The amendment was lost, and the original motion was carried.

Moved by Dr. Griffin, and seconded by Dr. Philip, that this Association is strongly of the

opinion that we should have the Territorial representation doubled, without an increased representation from the Medical Schools, and would recommend our representative to endeavour to have this change made. Carried.

Moved by Dr. Dee, and seconded by Dr. Winkskel, that this Society believes that not less than one half the fees should be refunded students failing to pass the examinations. Carried.

Moved by Dr. Harris, and seconded by Dr. Dee, that this Association is of the opinion that it is not conducive to the best interests of the profession to have the Treasurer of the Council appointed from amongst the teachers in any of the Medical Schools, and would strongly urge our representative to have this question brought prominently before the new Council. Carried.

Moved by Dr. Philip, and seconded by Dr. Winkskel, that this Society holds that the examiners should be appointed from members of the profession outside of the Council. Carried.

CO. OXFORD MEDICAL ASSOCIATION.

At a special meeting of the County of Oxford Medical Association, held on the 25th ult. at Woodstock, a large attendance being present, the President, Dr. Swan, called the attention of the meeting to the very great loss sustained by the Association in the lamented death of a prominent member, the late Dr. Turquand. Other members feelingly alluded to the subject. A committee composed of Drs. Coad, Clement and McLay, was appointed to frame an expression of the Association in reference to the subject of the meeting. The committee reported as follows:—

The members of the Medical Association of the County of Oxford, are called upon to discharge a painful duty. The relationship that springs from years of most agreeable and profitable intercourse will ever prove painful in its severance. The more is this the case in regard to the late Dr. Turquand. His presence at our meetings was ever marked by a genial and courteous bearing, and this society owes much to his energy in advancing the interests of the profession. As a slight token of sympathy with his bereaved family, and as a mark of our respect and veneration for the deceased, both in his character as a christian gentleman, and for his high attainments as a medical man,

It is therefore resolved, "That his bereaved wife

and family be put in possession of our profound regret at the late demise, and our deep sympathy with them in this hour of their affliction."

By order,

H. M. McKAY, *Secretary.*

THE MICHIGAN STATE BOARD OF HEALTH.

(*Reported for the Canada Lancet.*)

The regular quarterly meeting of the state board of health was held in Lansing on April 13. The members present were Dr. H. O. Hitchcock of Kalamazoo, Leroy Parker of Flint, Rev. D. C. Jacobs of Pontiac, Dr. J. H. Kellogg of Battle-creek, and Dr. H. B. Baker, secretary. Dr. Hitchcock presided in the absence of the president.

The secretary read the quarterly reports of work in the office for the quarters ending Jan. 7 and April 13 respectively. He also presented some documents issued by the local board of health of Tecumseh, as illustrative of what a live, energetic board of health might accomplish. Mention was also made of the health officers and authorities of Lansing, who have done good sanitary work, and succeeded in establishing a system for the collection and registration of vital statistics which requires burial permits, Lansing being the first city in the State to take this commendable step. Muskegon, under the lead of Mayor Holt, was also mentioned for active efforts for the prevention of disease. A communication from C. H. Voute, of East Saginaw, stated that he desired to form a circuit of towns and cities in this state, for using the odorless excavating apparatus for the removal of contents of privy vaults. A resolution was adopted recommending local boards of health to secure the cleaning of vaults by means of such apparatus, wherever the dry earth system is not in use.

The present editions of the documents on the restriction and prevention of scarlet fever, and on the restriction and prevention of diphtheria, being practically exhausted, it was decided to have them revised, published in the next annual report, electrotyped, and a large edition of each document printed. As it is to be electrotyped, local boards of health may procure any number of either document at a slight cost.

The secretary stated that, inasmuch as diphtheria has been so prevalent in this state, it has been suggested by an officer of the national board of

health that this was a favourable field for a systematic investigation of the causes of the disease, particularly as to what are its relations, if any, to filth. The subject was thoroughly discussed at some length, and the great desirability of such an investigation was unanimously conceded, but the resources of the board are entirely inadequate for such a house to house inspection as seems essential. The secretary was directed to correspond with the National Board of Health and see what arrangements can be made.

The secretary was also authorized to begin printing the proceedings of the recent sanitary convention at Detroit and Grand Rapids as soon as practicable. The report of the board for 1879 is now in press and will shortly be issued.

Dr. Kellogg, as committee on the disposal of decomposing organic matter, presented a paper on "Decaying Wood a Cause of Disease." He related experiments by Prof. Wm. H. Brewer, confirmed by himself, showing that when green wood was allowed to stand for some time in water the solution decomposes, and gives off very offensive odors. Even when the water was renewed again and again similar results ensued. The paper was prepared with special reference to the practice of putting sawdust in streams and ponds, and it tended to confirm the belief that the practice is frequently productive of malarial and diarrhoeal diseases. Dr. Jacokes, chairman of the committee on such survey, made a statement relative to the desirability of having a sanitary survey of the State, and as to its probable extent and cost.

July 14, the day after the next meeting of the board, it will, if candidates apply, examine them in sanitary science, giving a certificate of merit to those who pass a satisfactory examination. An outline of the plan of these examinations will appear in the forthcoming report for 1879. The next meeting of the board will be July 13.

Books and Pamphlets.

QUARTERLY EPITOME OF PRACTICAL MEDICINE AND SURGERY, being an American Supplement to Braithwaite's Retrospect. Part I. Price 75c. \$2.50 per annum. New York: W. A. Townsend.

The publication of a quarterly epitome of American practical medicine and surgery has been for several years in contemplation by the publishers, and we have now before us the first number,

March, 1880. It contains a digest of all the interesting and practical papers published during the past three months in the medical journals of the United States and Canada, together with a copious index and table of contents. In these two works, Townsend's "American Supplement," and Braithwaite's "English Retrospect," the profession will have the cream of the medical literature of both hemispheres.

A MANUAL OF OPHTHALMOLOGY. By Edward Nettleship, F.R.C.S. Lecturer on Ophthalmic Surgery in St. Thomas Hospital Medical School. Toronto: Willing & Williamson.

Specialism has made great strides in the past few years, and in no department of medicine has it advanced more than in ophthalmology. Hence we have a great influx of books of all sizes, some good and some bad, on this subject. To the former class belongs the little manual of Mr. Nettleship. We do not hesitate to assert that it is the best we have yet seen; the thoroughness of the author's training in that great school of observers, the Moorfields Ophthalmic Hospital, has stood him in good stead in the pages of his little manual. We can particularly commend the chapters on glaucoma and granular ophthalmia; the descriptions are remarkable for their accuracy throughout. The printing and paper are good, but we see considerable room for improvement in the plates.

We can strongly recommend this little book to students and young practitioners as the most reliable we know. We can only regret that the author has not seen fit to give us a larger treatise, the one at present most in use being very considerably behind the age.

Births, Marriages and Deaths.

On the 24th of April, Dr. Harry Gove, of St. Andrews, N.B., to Georgie, daughter of Robert Townshend, Esq., of Chancock.

On the 6th of April, S. G. Rutherford, M.D., of Newry Station, in the 38th year of his age.

On the 22nd of April, John Cook, M.D., M.R.C.S., Eng., of Sault St. Marie, in the 44th year of his age.

On the 3rd ult. John McGrath, M.D., of Bothwell, in the 27th year of his age.

On the 18th ult. John Turquand, M.D., of Woodstock, Ont., in the 65th year of his age.