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THE CANADA LANCET.

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

Vol. IX }
No. 6 }

TORONTO, FEBRUARY 1, 1877.

Price 30 Cents.
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CINCHO-QUININE.

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

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

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

F. A. GENTH, Prof. of Chemistry and Mineralogy.

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

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

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"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

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

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

Middleburg, Pa.,

April 13, 1875.

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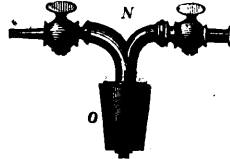
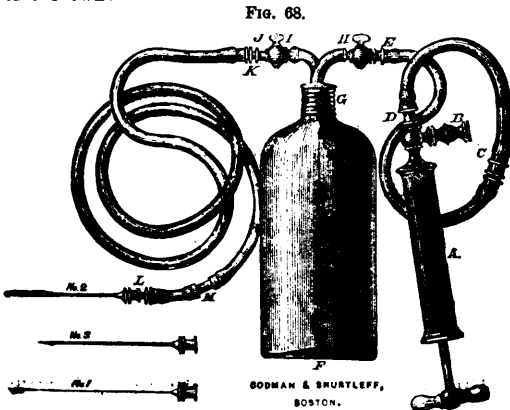


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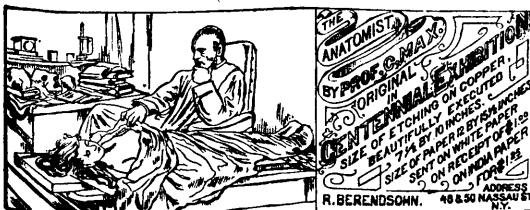
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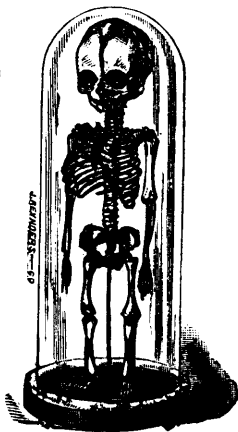
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A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IX. TORONTO, FEB. 1ST, 1877. No. 6.

ANNUAL ADDRESS DELIVERED BEFORE THE BATHURST & RIDEAU MEDICAL ASSOCIATION.

BY J. A. GRANT, M.D. F.R.C.S., EDINBURGH, &C.,
&C.—*President.*

GENTLEMEN :—

At the distribution of prizes, King's College, London, July last, Mr. Gladstone in his able address, remarked to the students, "to leave no stone unturned, to refuse the ignoble invitations of sloth and lassitude, to do their very best in all things and to be satisfied with nothing else." No better illustration could possibly be given of the spontaneous efforts of a great people, to do their best and be satisfied with nothing else, than the recent International Medical Congress, at Philadelphia, where between 6 and 700 from all parts of the habitable globe assembled, to deliberate upon the best means of promoting "the holiest and dearest interests of our noble profession and in placing their contributions, the result of years of patient study and observation, upon a common altar for the common good." Here the arterial pulses from Europe, the far east; from Japan and China; India and Australia acted synchronously and rythmically, in one grand sympathetic centre of the North-American Continent. Here the accumulated facts of a century were carefully and cautiously reviewed, demonstrating beyond a doubt, the great scientific advance of the age in which we live. The master minds of the past century did their work nobly. Their observations are the seeds from which germinated the power now at our disposal in the mastery of disease medical and surgical. The profession of our day must acknowledge, that the common sense principles which prevail, have gained strength and

taken deep root, by gradually "broadening down from precedent to precedent."

In Great Britain and her Colonies, the past forty years, have brought about a great change, and a desirable advance in Medical science generally. Most of the great laborers who contributed so largely to the work, have passed away, and in departing have left behind them, "foot prints on the sands of time.

In Canada there are to-day eight Medical Schools, six English and two French, in all of which a Medical Education, in keeping with the spirit of the age, may be obtained. In an educational point of view, Canada has reason to feel gratified with the marked progress in her Educational Institutions, and of none more so, than her Medical Schools. At the International Medical Congress, the profession from Canada were most cordially received, and accorded some of the highest positions at that Great Medical Council of the world.

How gratifying it must be to all interested in the developement and progress of the Educational institutions of so young a country, to observe, that labor in the most comprehensive sense of the term is gradually forming for Canada, a national character. A continuance of the health, life and vital activity, to be observed making its impress everywhere, is a guarantee, than which no better could possibly be required in behalf of a country seeking greatness, through the only true portals of success. The proceedings of the Medical Congress when published will convey an idea of the magnitude of the work accomplished in a single week, the greater portion of which was of an exceedingly practical character. The surgical section was rendered particularly interesting and attractive by the exhaustive lecture of Professor Lister, on Antiseptic Surgery, which occupied fully three hours, and was listened to throughout, with the most profound attention. So far American Surgeons have not adopted the views and treatment in the most comprehensive sense, but the cogency of argument, clearness of scientific deductions, and ease of application of this treatment, coupled with the marked success in British and European hospitals, cannot but encourage transatlantic surgeons to give "Listers System" a fair and unbiased trial. Experience in the aggregate will do much to place Antiseptic Surgery beyond doubt, and it is grati-

fyng to know that in Edinburgh, some who were the strongest opponents of the principle, are now amongst the warmest supporters. Great changes, like great bodies, move slowly, but under such circumstances, the practical results are all the more lasting. After Lister followed four Surgical magnates in quick succession, Sayre, Adams Vanburen and Tufnell, embracing in their addresses, Coxalgia, Subcutaneous Division of the Neck of the Thigh Bone, and Aneurism. Of the various deductions set forth by Sayre, one especially, resulted in the most animated discussion, viz. "That Coxalgia is almost always of traumatic origin and not necessarily connected with a vitiated constitution." On this point there still exists considerable diversity of opinion. Professor Gross, almost the father of "American Surgery," considers the causes of coxalgia, the same as those which provoke strumous disease in other parts of the body, and divides it into three stages as Tuberculosis of the "Hip Joint." (Vol. II. p. 63.) Gross' Surgery. Again there are those, and at present the majority, who ignore the idea, that most cases of coxalgia are the result of constitutional disorder of which the articular affection is but the localized symptom. Bauer is decidedly opposed to the scrofulous origin of hip disease. Sayre states in his recent orthopedic Surgery (p. 233) "that in 365 cases, traumatic cause was assigned by the patient or parent in 257, while in 108 cases the cause was recorded as unknown."

To look upon hip joint disease, as purely a strumous condition, is not corroborated by clinical observation or pathological investigation. Bryant, of Guy's Hospital, in his recent surgery expresses this opinion. Holmes says, the disease occurs very frequently in strumous children, a circumstance which has led to its being considered strumous. Twenty years of hospital work in Ottawa city, have led me gradually, to the advanced pathological views of the present, as to the causation of coxalgia, not however without due respect to the master mind of Gross and those who still hold to his views. The paper of Mr. Adams of London, was well received by the section and his conclusions adopted unanimously.

The following is the most general, and embraces the pith of his subject. "That bones can be divided subcutaneously like tendons, and that the operation of completely dividing the neck of the

thigh bone, by a small saw, introduced through a small subcutaneous puncture, is a well established surgical operation attended *with very little risk.*" The treatment of bony ankylosis of the hip joint with malposition of the limb, by subcutaneous division of the neck of the thigh bone, was first performed by Mr. Adams, at the Great Northern Hospital, in December, 1869. Dr. Rhea Barton, of Philadelphia, first operated in ankylosis of the hip joint, for the removal of the deformity and the establishment of a false joint. A crucial incision was made over the great trochanter, seven inches in length and five in the horizontal direction. The bone was then transversely divided, between the two trochanters, by a fine saw. The limb was at once restored to the natural direction, and useful motion, gradually obtained. In June 1862, Dr. Sayre removed a transverse section of the femur of an elliptical form, just above the trochanter minor, by a chain saw, having first made an incision of about six inches in length, over the trochanter major in the axis of the limb. The application of subcutaneous osteotomy, within the capsular ligament, in bony ankylosis of the hip joint, was a master stroke on the part of Mr. Adams, and already attended by practical results of no ordinary character. Bryant has twice seen Adams operate thus, and in his admirable text book, adverts to the facility with which it can be performed. Adams thus describes it. "*I entered the tenotomy knife, a little above the top of the great trochanter, and carrying it straight down to the neck of the thigh bone, divided the muscles, and opened the capsular ligament freely. Withdrawing the knife, I carried the small saw along the track made, pursuing this by pressure of the fingers, straight down to the bone, and sawed through it from before backwards. No hemorrhage followed and a good recovery took place, with a stiff limb.*"

According to Adams, ankylosis of the "Hip Joint," may be true or false. The first only occurs after complete destruction of the joint and removal of the articular cartilages, and may result from strumous disease; traumatic inflammation; acute rheumatism gonorrhœal, or otherwise; or pyæmic inflammatory action. Operation in such cases, not admissible unless the limb is distorted. False Ankylosis, is divided into two varieties, 1st. Union of the articular cartilage and partial or complete destruction of the joint. 2nd. Inflamm-

matory thickening and retraction of the ligamentous and other fibrous structures, external to the joint, the joint itself remaining in a healthy or nearly healthy condition, without any destruction of the articular cartilages, but sometimes with intra-capsular adhesions. The first is usually the result of strumous disease and to be overcome by gradual mechanical extension, with or without tenotomy. The prospect of restoring the motion of the limb in such cases, is exceedingly limited. The second class of "False Ankylosis," is the result of acute rheumatism or gonorrhœal complication. Such cases have been overcome by forcible extension under chloroform, opposing contracted tendons, having been carefully divided, a few days previously. In the incipient stage of these cases, very gradual mechanical extension, with passive motion, will occasionally succeed, but the degree of success so far, is by no means encouraging. It is of great importance to ascertain if the neck of the thigh bone, *is normal*; shortened; or obliterated, as operation is only admissible in the *first two*, providing the usual circumstances *are favorable*. The nature and character of the disease goes far, to establish the diagnosis.

There is usually no destruction of bone in rheumatic ankylosis; traumatic inflammation, in which the joint has escaped injury; or subacute pyæmic inflammation. In strumous disease attended with necrosis and bursting abscesses, destruction of the head and neck of the thigh bone, usually take place, the only exceptions to such being, arrest of the disease in the incipient stage of development. This whole subject is one of unusual interest, connected as it is, with arrested normal locomotion, and the recent advance made, as to a more accurate comprehension of *hip joint* pathology and treatment, is exceedingly satisfactory and encouraging as to the future benefits which may arise therefrom. It is exceedingly interesting to observe, how from time to time, the various ideas, in subcutaneous operations of bones, resulted in the development of Adams' operation. Guerin of Paris first divided bones subcutaneously in 1841. In the Schleswig-Holstein War, 1848, Langenbeck performed several resections subcutaneously, with a small straight pointed saw. According to Professor Gross, Dr. Pancoast, Sr., in 1859, perforated the femur subcutaneously,

several times through one opening, just above the knee joint and then fractured the bone. In 1860, I had the pleasure of hearing the late Dr. Brainard of Chicago, describe the operation he performed in ankylosis of the knee joint, similar in many respects to that of Pancoast, only that he used various sized long perforators, which answered admirably, the patient having recovered with a good limb.

Mr. Maunder of the London Hospital, now advocates the use of chisel and mallet in subcutaneous section of the femur, to correct angular deformity in hip joint ankylosis. So far the results of his operation have been very successful. Professor Volkman has also employed various sized chisels, instead of a saw, in this operation. Thus we observe how the usefulness of two such important joints as the hip and knee may in a great measure be restored, by a more accurate knowledge of pathological facts, and a decided advance in surgical science.

The next subject of special interest in the "Surgical Section" of the Congress, was the treatment of Aneurism, as ably reviewed by Dr. Van Buren, of New York, during which he eulogised the treatment recommended by Mr. Jolliffe Tuffnell, of Dublin, the result of *position, rest and restricted diet*. Mr. Tuffnell followed, and in an admirable address, explained most lucidly, the treatment of aneurism by compression, with which his name is so intimately associated. The Dublin method of treatment of aneurism has achieved considerable success, and taken firm hold in surgery, identified with which are the names of Hutton, Bellingham and Carte, as well as Tuffnell. The treatment of aneurism from remote times to the present, has been gradually progressive, but the outcome of Dublin genius carefully applied pressure on the cardiac side of the artery, cutting off the supply of blood from the aneurismal sac, or as Dr. Murray defines it, "the complete stagnation of a mass of blood in the aneurism until it coagulates," has a philosophy at its basis, with a fibrillated *blood clot*, as a *monument of greatness*. Dr. Vanburen considers that the value of Esmarch's bandage in the treatment of aneurism is not fully estimated. Mr. Favell in his address on Surgery at the British Medical Association, in August last, cited the case of Dr. Reed, successfully treated by Esmarch's apparatus, where ordinary appliance

had previously failed. The subject, a sailor, with popliteal aneurism. "The limb was enveloped in the bandage from the toes upwards, but the bandage was pressed very lightly over the knee, so as to exercise little pressure on the sac, and the thigh then enveloped, to the middle third." The elastic ligature was passed round the thigh and kept on for fifty minutes, when pain above the seat of its constriction, necessitated its removal, after which all pulsations ceased, the aneurismal tumour became quite hard, and the patient made a rapid recovery. The result in this single case, was certainly satisfactory, but it will require the extended observation and experience of the profession, to determine, how far the efforts of surgeons, since the days of John Hunter, to encourage the desposition of fibrine, by consecutive layers, or laminæ, (by a retarded current of blood,) are to be supplanted by a system of sudden coagulation, such as described. It does appear more reasonable, that firm fibrous obliteration should be preferable to rapidly arrested circulation, as specified, in which various parts are liable to suffer, as Mr. Pemberton remarked in his address, at the British Association, Birmingham (1872). He advances the idea that we require in those cases a deposition of fibrin, rather than a coagulation of blood. The reputation of Esmarch is known everywhere, and should his apparatus, in time prove productive of good results in the treatment of aneurism, one more will have been added, to the already numerous applications of his *ingenious elastic*.

An address on "Hygiene and Preventive Medicine" was delivered by Dr. Henry L. Bowditch, of Boston, President of the State Board of Health of Massachusetts, in which the progress of this department of medical science was ably reviewed. At present only twelve States, have State Boards of Health, and only in four of the States have County Boards of Health been established by law. Twenty-four States report that nothing has been done for the drainage of land, and about "two thirds" of the people of the United States, are living utterly regardless of whether they are drinking pure water, or water impregnated with filth. Such questions are applicable to our Dominion but thus far, the entire subject of Public Hygiene is comparatively in obedience, there being no regulated system, to carry such measures into active operation. The laws of health are of vast impor-

tance, as well to the citizen, as the physician, and cannot be overlooked or disregarded without serious consequences. In England and in Canada, our profession is gradually receiving more of the fostering care of Parliament. Lord Palmerston, in his day did much to forward all measures of public utility, connected with health. Lord Beaconsfield, when Prime Minister, placed Hygiene and its bloodless victories on a level with the sanguinary achievements of the greatest generals. Mr. Cross followed in the path of his old leader, and expressed forcibly and well, that "to rid the city of those plague spots, which have spread disease and misery throughout the whole metropolis, was worthy of the attention of city authorities, whose power if rightly employed, would be a means of conferring a great benefit, on the community at large." It is quite evident the importance of sanitary measures is gradually assuming its proper position.

In each of our Medical Schools, a knowledge of Sanitary Science, is required of every student, and in course of time it is anticipated, that a system (guided and directed by either the larger or smaller Parliaments of Canada,) will be introduced; then and not until then, need we expect anything like perfection, in carrying into operation Sanitary Science in the Dominion of Canada. As an initial step, a system of medical topography might be introduced, including general surface features of country, water supply, temperature, and general statistics of disease, in the various portions of each medical division. The data thus gathered would more than compensate for the time and trouble. Such a plan adopted in Ontario, and other Provinces as well, by resident physicians, would convey much valuable information. Forbes commenced his life, as a provincial physician and established his reputation by *Medical topography*. The public and profession as well, have been looking to Parliament, to bring about these results, by a *Bureau of Health and Statistics*. With our moderate resources, and the vast undertakings of the present, some time will doubtless elapse, prior to carrying out a general system in sanitary matters, however desirable and praiseworthy, so advanced an undertaking. Having passed in review a few topics of the many discussed at the Congress, there is evidence that the *solid fabric*, on which the success of such a magnificent undertaking rested, was developed by

genuine labor, of no ordinary character. We live, it is true in an age of modern essayists. The concentrations of mind are being evolved in various forms, moulding ideas for the intellectual life of the present. There are those who give to the age of Homer, Virgil, Cicero and such like, all that degree of greatness which could possibly be achieved.

In a literary point of view, their germs of poetic fire and oratorical flight, have produced doubtless great results, and left far more than ordinary after impressions. In our day it is true, times are too rapid; thought too practical; results too suddenly looked for, few being able to bide the time patiently for the ordinary current of events. Froude, Carlyle, Longfellow, and Tennyson, possess master minds, in their particular paths of thought. In our profession and our time, we observe with more than ordinary gratification, the powerful manner in which intellectual life, professionally considered has cropped out in such men as Gross, Flint, Sayre, Atlee, Sims, Vanburen, Pancoast, Dunlop, Bowditch, Davis, and many other celebrated Americans I might particularise. These men have made their mark, not alone in the neighboring republic, but in the wide world. As was said of the National Scottish Bard, Burns, the whole world is the theatre of their genius, and the kindly manner in which all outside of their own country, have been received, will be cherished as a lasting tribute of the innate power and spontaneous liberality of which a great nation may well feel proud. Such evidences of intellectual results, by constant work and well timed observation, should encourage the younger members of the profession, to renewed exertion. If we are thus actuated we cannot be drones, we must be workers, for thus as one body, we are required to stand up for the profession. Our profession is progressive, of which there is ample evidence, more the result of patient toil, than brilliant faculties or accidental fortune. Genius gave Hippocrates the power to place deep and sure the very foundation of rational medicine. Jenner to introduce vaccination. Harvey to discover the circulation of the blood. John Hunter to be stamped, as the most philosophical pathologist of any age; and Simpson to develop the anæsthetic power of Chloroform. These and such like discoveries, have given to the healing art no secondary position. Such magnificent achievements,

should stimulate to fresh enquiry, and encourage each member of our profession, to observe closely, note carefully and wait patiently the result, for as Sir Matthew Hale has well expressed it, "time is the wisest thing under heaven."

Ottawa, January, 1877.

TWO CASES OF ASCITES, SUCCESSFULLY TREATED WITH IODINE INJECTIONS.

BY S. P. FORD, M.D., NORWOOD, ONT.

CASE I.—On 18th July, 1870, was called to visit J. W., aged 66, a farmer residing in the township of Asphodel. On my arrival I gleaned the following facts. In the autumn of 1868, he had been severely injured by a fall from a straw stack, and for many weeks he suffered excruciating pain in the lumbar region, and painfully voided bloody urine. Slowly recovering from the effects of the injury he was prostrated by an attack of remittent fever. About six months from the date of the injury he began to enlarge and becoming alarmed called in a physician, who diagnosed ascites as the result of renal lesion, and prescribed for successive weeks without any favourable result. His distress becoming unbearable, resort was had to the operation of paracentesis abdominis early in the spring of 1869. From that time until I saw him, the operation had been repeated 60 times and from eighteen to twenty-four quarts of thin, amber colored liquid removed each time. During the ensuing two months I used the trocar every ten days with a like result, at the same time administering internally all conceivable combinations of diuretics with no benefit. The very picture of despair, the old man asked me just after tapping if nothing more could be done. I told him of the treatment by iodine injections as practiced in Paris; that I had no experience in the matter; of the very great possibility of my lighting up more inflammatory action than I might be able to control, and of the slight hopes of success I could hold out to him. He was at once eager to try the experiment, and his friends not objecting I acceded to his wishes. On the 20th September, having drawn off about half the usual quantity of fluid, through the canula, with a small glass syringe, I injected into the cavity of the peritoneum, two ounces of Tr. Iodin. Co. diluted

with an equal quantity of distilled water ; plugging the canula, for the space of ten minutes, I rolled the patient gently over and over on the bed, for the purpose of bringing the injected fluid into contact with the whole surface of the sac. At the expiration of half an hour, I removed the plug, and drew off the remainder of the liquid, about six quarts. After applying a bandage in the usual way and administering $1\frac{1}{2}$ grains of Pulv. Opii. I started for home.

September 21st. He had a chill, followed by febrile excitement and great tenderness all over the abdomen. I continued the Pulv. Opii. in doses of gr. j every 4 hours, uniting with each alternate dose grs. iij. Hydrarg. Chlor. Mite. Under this treatment the symptoms of peritonitis rapidly subsided.

September 25th. Free from pain, pulse 82, had an evacuation of the bowels, following a mild purgative.

Result. Three small tapplings at intervals of three weeks, followed by complete recovery. He is still living, safely passed the grand climacteric of three-score years and ten. He was tapped sixty-nine times in a little over eighteen months.

CASE II.—June 2th, 1875, was asked to see S. A. M., a maiden lady aged forty-five, who had lately removed to this vicinity ; was told she had been tapped eight times in another locality. Ascites had followed the cessation of the catamenia two years before. The case seemed favourable for the iodine treatment, and after tapping, I at once recommended it to herself and friends.

July 13th. I injected the same quantity as before, diluting with the same proportion of water, taking the precaution of adding an extra scruple of the Potass. Iodid., as the fluid was loaded with albumen, and I wished to guard against coagulation. Even a more favourable result followed, at the end of a week the patient was freely perambulating the apartments, and has had no need of the trocar since.

I am not aware of any similar case being on record in this country, and at the request of several of my medical brethren, conversant with the facts, I have forwarded these notes for publication. In my treatment I followed exactly the rules laid down in the article on Iodine, in *Warings Practical Thearapeutics*, one of the very best works I know of, on that branch of medical science. I shall

certainly repeat the treatment on every favourable opportunity, having completely lost my dread of unduly exciting, that delicate structure, the peritoneum.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—

In the January number of the "Canada Lancet," there is an article headed "The Quebec Medical Bill," which upon the whole gives a fair and distinct account of the recent medical legislation in the Province. There is however, a sentence or two, which really does an injustice to an influential section of the profession, viz. the Medical Schools, which is not justified by the facts. The paragraph to which I allude is the following. "It was sought by the Bill of Amendments to establish a central bureau for examinations, which had been, and is considered an essential feature by all men outside the schools, and by many within ; the representatives of the Medical Schools have succeeded however, in retaining the power of examination for the licence to practice." The facts of the case are, that McGill University, Bishop's University, and the two English Universities of the Province of Quebec (whatever may be the opinion of individual members of their medical faculties,) supported the establishment of a central examining Board. The only condition they insisted upon, when conceding the rights, which their graduates had to obtain their licence without further examination, was that Licentiates should not be eligible as members of the College, (as they have not been,) till four years had elapsed, from the date of their license. The reason for this condition must be obvious to every one. Dr. R. Palmer Howard, from McGill University, and myself from Bishops University, went to Quebec to support this special feature of the Bill of Amendments, and we urged it before the Parliamentary committee, backed by all the arguments we could command. The French Medical School, affiliated to Victoria College, was willing to accept the central examining Board, but willing at the same time to constitute every one member of the College *at once*. The action which Laval University, Quebec, intended to take, could not be arrived at, and was not known to us till its representative addressed the committee.

When this University, the Catholic University of the Province, through its rector or principal, the Rev. Mr. Hamel, announced that it *would not* surrender the right which it held under its Royal Charter, for its graduates to demand the licence to practise without further examination, and that it denied the right of the Local Legislature to take it away, it was patent to every one in attendance, that the fate of the central examining Board was sealed. Nothing remained but to compromise matters, and endeavor to obtain a new Bill, which as far as possible should be an improvement over the previous one, and I think we have succeeded. A step in advance has been taken, and perhaps in time more conversions may be obtained.

Why one University should be able to thwart the wishes of all the others may seem singular to any one not fully acquainted with our Local Legislature. To those who are on the spot the reason is plain. Laval University, in my opinion, took a most unfair advantage by sending one of her Reverend Gentlemen to represent her, where a purely medical question was at issue, instead of one of her medical faculty. McGill University and Bishop's University did all they could to obtain a central examining board. That they failed is certainly not their fault. It is therefore not correct, nor is it fair to say "that the representatives of the Medical Schools, have succeeded in retaining the power of examination for the licence to practise; and that they could have carried the central examining board, if they had so desired it."

I may add that the gentlemen who went to Quebec, were not a Committee from the profession in Montreal, as stated by you, but represented the various interests concerned.

Yours, etc.,

FRANCIS W. CAMPBELL,
M.D., L.R.C.P., LONDON.

Registrar, Medical Faculty, University of Bishop's College.

Montreal, Jan'y 17, 1877.

UNUSUAL DETENTION OF LIGATURE.

To the Editor of the CANADA LANCET.

SIR,—On the 16th of October last, together with Drs. Herriman and Philp, I tied the brachial artery, for a wound of the forearm. The patient was 44 years of age, muscular and healthy.

Before applying the ligature we individually examined the vessel, to satisfy ourselves that it was perfectly isolated. The wound healed rapidly. This afternoon, three (3) months since the operation, I made strong traction on the ligature, and found it apparently as firmly attached as at the time of its application.

Yours very truly,

A. W. J. DEGRASSI, M.D.,

Lindsay, Jan. 16th, 1877.

THE LONDON HOSPITALS.

(Continued.)

To the Editor of the CANADA LANCET.

SIR,—Last month we left the Canadian graduate busily engaged at St. Thomas' Hospital, but some afternoon he may desire to see some of the other Institutions.

Suppose then he first visits Guy's Hospital, which is close to London Bridge. Here he will see Bryant, Birkett, Forster and Durham operate. Dr. Wilks' clinics are well worth attending, occasionally. There is here also, a beautiful collection of anatomical preparations in wax, and a museum of skin diseases worthy of close inspection. University Hospital, near Gower Street, always affords some interesting material. Operations are performed by Erichsen, Marshall, and Heath. On the medical side there are Dr. Reynolds, Sir Wm. Jenner and Dr. Fox.

St. Bartholomew's Hospital in Smithfield is one of the largest in London, and about the oldest. Here the surgeons are Holden, Savory, Callender and Thos. Smith. The student will always see some important operations at this Hospital. Savory performs Lithotomy with the left hand very rapidly and cleverly; while Thos. Smith's operations for cleft palate are very neatly done. At St. George's Hospital, Pollock, Lee and Holmes are the principal surgeons. It will be well to go round the wards with Mr. Pollock. His clinics are said to be very good.

Kings College Hospital, just back of the Royal College of Surgeons, is well worth a frequent visit. Here he will see Sir Wm. Ferguson, celebrated for his operations for cleft palate. Mr. Henry Smith is a good operator, and his clinics are worthy of attention; but the attraction is Mr. Wood, famous

for his operation for the radical cure of Hernia, and plastic surgery.

The London Hospital is some distance from St. Thomas' but an occasional visit will amply repay the trouble. Here Hutchinson and Maunder are the great lights in surgery. The clinical teaching in surgery of the former is said to equal Murchison in Medicine. Much also can be learned in the out-patient department, under Drs. Fenwick and S. Mackenzie. St. Mary's, Westminster, Middlesex, and Charing-Cross Hospitals are smaller institutions, but are each worthy of a visit if there is any spare time.

With regard to specialties, the first in importance is the Royal London Ophthalmic Hospital, near Finsbury Circus. Here he will see upwards of one hundred out-patients prescribed for every morning. Five surgeons attend each day, and on their several days may be seen Hutchinson, Critchett, Bowman, Lawson, Cowper, Hulke, and Streetfield. At 11:30 a.m., they retire to the operating theatre, in the upper story, and operate. Great facilities are afforded for the use of the ophthalmoscope, and the surgeons are exceedingly obliging, taking every trouble to answer fully all questions asked of them. Diseases of the ear may be studied under Purvis at Guys', on Tuesday and Friday afternoons. At the Orthopædic Hospital, 317 Oxford Street, every Thursday at 2 p.m., he may see Hill and Broadhurst operate for all manner of deformities.

Diseases of the chest may be studied at the Brompton Consumption Hospital any afternoon at 1 p.m., where the student is afforded every facility for practising percussio and auscultation, having his opinion and diagnosis confirmed or corrected by the attending physician.

He should see Spencer Wells perform Ovariotomy at the Samaritan Free Hospital, 13 Lower Seymour Street, Portman Square, on Wednesday, at 2 30 p.m. If interested in nervous diseases, he should go to see Hughlings Jackson, at the Hospital for the paralyzed and epileptic, Great Ormond St., every day at 2 p.m.

Diseases of children may be studied at the Children's Hospital, Great Ormond street. The physicians go round at 9 a.m., every day, and out-patients are seen at the same hour. Dr. West is consulting physician at this Hospital. It is well worth while attending operations at the Woman's

Hospital, Soho Square, on Thursday, at 2 p.m. Consultations are held every morning at 10 o'clock.

Diseases of the skin may be studied either at the Stamford Street Skin Hospital every day at 2 p.m., or under Dr. Fox, at University College Hospital, on the days upon which he sees out-patients. Last, but not least, the Throat Hospital, Golden Square, off Oxford street, should be frequently visited. Out-patients are seen every day at 3 p.m., and plenty of opportunities are afforded of using the Laryngoscope. Dr. Morell Mackenzie attends on Thursday, and will be found exceedingly obliging and affable. The following is a diary for the week, showing the days and hours for operations at the different Hospitals:

<i>Monday.</i>	Royal London Ophthalmic Hospital; Operations every day at 10.30 a.m.
	Royal Westminster Ophthalmic Hospital; Operations every day at 1.30 p.m.
	St. Mark's Hospital, for Stone; Operations at 9 a.m., and 2 p.m.
	St. Mark's Hospital, for Stone; Operations at 2 p.m.
<i>Tuesday.</i>	Guy's Hospital; Operations 1.30 p.m., and on Friday at same hour.
	Westminster Hospital; Operations at 2 p.m.
	National Orthopædic Hospital; Operations at 2 p.m.
	West London Hospital; Operations at 3 p.m.
<i>Wednesday.</i>	Middlesex Hospital; Operations at 1 p.m.
	St. Mary's " " 1.15 "
	St. Thomas' " " 1.30 "
	and Saturday. " " 2 "
	Kings' College " " 2 "
	and Saturday. " " 2 "
	Great Northern " " 2 "
	University Col. " " 2 "
	and Saturday. " " 2 "
	London " " 2 "
	Samaritan Free " " 2.30 "
<i>Thursday.</i>	St. George's Hospital; Operations at 1 p.m.
	Royal Orthopædic Hospital; Operations at 2 p.m.
	Central London Ophthalmic Hospital; Operations at 2 p.m., and Friday.
<i>Friday.</i>	Royal South London Ophthalmic Hospital; Operations at 2 p.m.
<i>Saturday.</i>	Royal Free Hospital; Operations at 2 p.m.
	Charing Cross " " 2 "

The majority of Canadians who visit Europe wish to take a degree of some kind, as a memento of their visit, and a brief account of some of these may be of interest. The M.R.C.S., England, and L.R.C.P., London, are the favorite English degrees, while some prefer to go to Edinburgh, and take the simple L.R.C.P., or the double L.R.C.S. and L.R.C.P. The subjects for the latter are *Materia Medica, Medicine, Surgery and Midwifery*; for the simple L.R.C.P., the same, with the exception of surgery. The fee for the single is \$50, for the

double \$80. The fee for the L.R.C.P., London, is \$75, and the subjects of examination are the same as for the double, Edinburgh. Of all the degrees, however, Canadians usually prefer the M.R.C.S., England. The fee is \$110, and the examination is divided into two parts; the first, or Primary, on Anatomy and Physiology; the second, or Pass Examination, on Surgical Anatomy, Pathology, and the Principles and Practice of Surgery.

The primary examinations are held in the months of January, April, May, July, and November, and the pass examinations generally in the ensuing week respectively. Canadian graduates are exempt from examination in medicine. The following is a sketch of the examination, and the questions given at one of the sittings:

Primary Examination—1 to 4 o'clock, P.M.

Candidates must answer four (including one of the first two) out of the six questions. Answers to less than six questions will not be received before half-past 3 o'clock.

1. What evidence exists of the influence of the Nervous System on the functions of Secretion and Excretion? Explain how such influence may be exerted; and illustrate the subject by examples.

2. How much Oxygen is consumed by a healthy adult person, under ordinary circumstances, daily? What are its principal purposes in the system? and in what forms is it chiefly eliminated?

3. Describe the Diaphragm, its attachments, relations and action.

4. Describe the Thyroid and Cricoid Cartilages. Enumerate the muscles connected with them; and state the exact attachment of each.

5. Mention in order, from before, backwards, the several structures which are in contact with the first rib.

6. Mention the structures exposed on removal of the Palmar Fascia; and describe their relative position.

At the close of the written examination, intimation of the day and the hour for attending the "oral," is given, and it usually takes place two or three days subsequently to the former. In the room where the oral examination is held, four tables are arranged, and two examiners stand at each table. Four students are called in at a time, and are distributed one to each table. On each table are a series of recent dissections and anatomical preparations under spirit in flat glass receptacles, showing the regional and visceral anatomy of the body. The student is first required to look through a microscope, and tell what he sees, and perhaps give a description of the object. He is then asked to name various anatomical structures, as the examiner points them out, and sometimes to describe them. The structures shown are vertical and transverse sections of the

head; preparations of the ligaments; sections of the brain, chest, pelvis, heart, the triangles of the neck; upper extremity, &c. As each student has to appear at two tables, his examination lasts twenty minutes, but in that time a very considerable amount of anatomy may be gone over, as well as physiology.

Pass Examination.—1 to 4 o'clock, P.M.

1. Enumerate in their order, from the skin inwards, the parts which are divided in the operation of Lateral Lithotomy; point out any arterial anomalies which may give rise to unexpected or unavoidable hæmorrhage. State what vessels or vascular tissues may be wounded in the operation apart from any anomalies; and point out how best to avoid such hæmorrhage, and how to act when it occurs.

2. Describe the nature of the injury which the parts sustain in a Compound Dislocation of the foot outwards. State the occasional obstacles to the reduction, how they are to be overcome, and how the foot should be kept in position.

3. Describe the operation for the removal of the entire Superior Maxillary bone; and name the parts divided.

4. Describe the symptoms, diagnosis, and treatment of complete subcutaneous rupture of the popliteal artery.

5. Describe the causes and kinds of Fistula in Ano, and the various modes of operation employed for their cure.

6. Describe the treatment of a penetrating wound of the cornea.

The character of the oral examination on surgery, like that on anatomy, is thoroughly practical. Here also there are four tables, and ten minutes are allowed to each. In both examinations, while one examiner puts the student through his exercises, the other makes notes of the questions with remarks, and at the end of ten minutes, announced by a gong, the student takes this paper to the second table, where the examiner can see what questions have been asked, and avoid repetition. The following questions illustrate the nature of the examination:—

On the first table, a man is lying nude. Mark out with red chalk the course of the deep epigastric artery. Place your finger on the internal abdominal ring. What structures would you divide in cutting down upon the inguinal region, from integument to peritoneum? What are the coverings of a bubonocoele? Apply Dupuytren's splint to fracture of the fibula. Lay hold of the foot and mark the line of incision for Chopart's amputation; between what lines of the tarsus do you disarticulate? Mark the course of the femoral artery; compass it with your finger; apply a tourniquet. Place the head as for tracheotomy; mark the incision; where should the trachea be opened, and how would you proceed? What structures would be in danger? Bandage the leg. Select the instruments for

lithotomy. The gong sounds and the student is next shown some cases sent from the hospitals. In the following cases the diagnosis, pathology and treatment are asked:—A boy with strumous glands and abscess of neck; syphilitic ulcer of leg; urticaria; old fracture and mal-union of head of radius with deformity, and partially ankylosed joint.

The student, after an hour or two, is taken to another room, where he has to appear at two more tables, for ten minutes each, and answer questions on pathology. What's this? A preparation of intra-capsular fracture of hip. How distinguish intra from extra-capsular fracture? Treatment? What are the symptoms of a wound of the lung? how treat? Abscess near knee joint, what are the dangers? What are the diseases of bursæ? A box of calculi: Pick out the vesical, renal and biliary, and the varieties of the former. In what cases would you prefer lithotomy to lithotripsy?

The result of the examination is made known the same evening, when an address is given to the successful candidates, by the President of the College.

K. N. F.

KINGSTON, Dec. 29th, 1876.

Selected Articles.

SULPHO CARBOLATE OF SODIUM IN DIPHTHERIA.

The object of this paper is not to give the clinical history of diphtheria, but to call attention to a remedy which, in the hands of those who have had experience in its use, has proved of great benefit in the treatment of this disease. I refer to the sulpho-carbolate of sodium. My attention was first called to it by a paper, read before the Rhode Island Medical Society, by Dr. C. H. Fisher, in 1875, in which he detailed his experience in its use and the formula for its preparation. I had notes of eighteen cases of true diphtheria, occurring within the past three months, in which I have used the remedy with satisfactory results in all but one case. The fatal case occurred December 11th, and was a delicate child three years of age, the disease proving rapidly fatal in thirty-six hours from the time of invasion. While I do not consider the sulpho-carbolate a specific in this disease, I do think that its judicious and persistent use will in many cases be followed by an amelioration of its symptoms.

Just what its mode of action is I am not fully

prepared to say. It is possible that it acts as an antidote and eliminative to the peculiar blood poison which is the cause of the disease. It is a stable salt, parting with its acid only when brought in contact with the fluids of the body. In one case, where a large quantity had been used for several days, the odor of carbolic acid was plainly perceptible in the urine. The remedy may be used in every form and stage of the disease, in doses of from one to ten grains, repeated every one, two, three, or four hours, according to the necessities of the case. The proportion of acid in the salt is about one-fourth, which will determine the dose.

I have given as high as one hundred and twenty grains in twenty four hours, to a child seven years old. It may be combined with quinia sulph., tinct. ferri mur., carb. ammonia, or given in brandy, whiskey, wine, syrup, or any aromatic water.

A very good way to dispense it to children, is to mix it with sugar and let them eat it. For adults I sometimes use the "cachet de pain." My rule is to begin the administration of the remedy as soon as the disease is recognized, and to continue it in increasing doses until its effects upon the disease is manifest, then gradually to diminish the dose and increase the intervals between the doses.

In addition to the use of the sulpho-carbolate, I always use tonics and stimulants freely, and nourishment in a concentrated form, such as beef extract, cream, etc.

The local treatment is directed to the removal of the false membrane and the subduction of the local inflammation. This result is obtained, first by hastening the natural process of exfoliation; second, by the use of such remedies as will destroy the micrococci and dissolve the pseudo-membrane.

The exfoliation of the membrane is caused by a process of suppuration which commences beneath the deposit on the surface of the mucous membrane, and whatever will hasten that process is indicated; and here let me protest against the use of cold applications, either my means of cold lotions, or by ice applied externally or given internally. Suppuration is greatly retarded, if not wholly prevented thereby, and as it is hastened by the use of heat and moisture, such means should be used as will produce it. This is most effectively applied by means of a steam atomizer, or, when that cannot be procured, by the inhalation of steam from a coffee-pot partly filled with hot water, and inhaled through the spout, or conducted by means of a rubber tube to the mouth of the patient. The inhalations should be given as often as once an hour, and continued from ten to fifteen minutes at a time.

While we endeavor to hasten the natural process of suppuration, we may combine with our inhalation such remedies as will act chemically upon the membrane and dissolve it, or hasten its disintegration and destroy the micrococci. Experiment has

shown that a piece of membrane weighing five grains, immersed in four drachms of aqua calcis, was completely dissolved in thirty minutes, while in various other solutions it retains its continuity. Lime water, therefore, as an inhalant, is to be preferred to anything else. The micrococci are not so easily destroyed. Placed in test tubes, in solution of chlorate of potassium, of sulphate of quinia, or of alum, they not only retain their mobility, but increase in numbers. They retain their action when heated to the boiling point, or when frozen and then thawed.

Immersed in mixtures of alcohol one part, water three parts; of permanganate of potassium two grains to the ounce; of carbolic acid three grains to the ounce, they lose their vitality and power of multiplying. These solutions, when used medicinally, must be as gargles or washes to the throat. They can seldom be used as inhalants, on account of the irritation to the lungs, caused by such concentrated solutions. In the case of small children they are best applied by means of a syringe. Emetics are sometimes useful for their mechanical effects in the removal of the membrane.

The detachment of the membrane forcibly, by means of the forceps, is not advisable, except in exceptional cases, where there is danger of suffocation from the large amount of membrane deposited.

Finally, strict attention should be paid to the hygienic condition of the surroundings of the patient. It is better that the patient be removed to another room every day, while, his apartment is thoroughly aired and disinfected. This can easily be done with children, who form by far the greater proportion of cases. This is important as a means of prophylaxis, the disease being contagious in proportion to the severity of the case from whence it comes, and the neglect to renew the air of the sick room, which soon becomes impregnated with the emanations from the breath of the patient. The dejections should be removed as soon as voided, and no more personal contact had with the patient than is actually necessary.

But in spite of all treatment deaths will occur. Death may be by asphyxia, caused by the large amount of membrane deposit. By apnoea, when the lungs are involved. By coma, from uræmic poisoning, and in the adult there is a peculiar mode of dying that sometimes occurs. The patient will seem to be improving, when, without apparent cause, he will suddenly sink away so quickly and easily, that the attendants may suppose that he has only gone to sleep.—*Dr. Anthony, Medical and Surgical Reporter.*

THE MEDICAL LAW OF CALIFORNIA.

The following is the text of the medical law, which takes effect the first day of the present month, entitled "An Act to regulate the Practice of Medicine in the state of California :"

SECTION 1. Every person practising medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the Board of Examiners shall issue its certificate to that effect, signed by all of the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practising medicine in this State shall present himself before said Board, and submit himself to such examinations as the said Board shall require; and, if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. Each State Medical Society incorporated and in active existence on the tenth day of March, eighteen hundred and seventy-six, whose members are required to possess diplomas or license from some legally-chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their offices for one year, until their successors shall be chosen. The examiners so appointed shall go before a County Judge and make oath that they are regular graduates, or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it, by the selection of alternates, or otherwise.

SEC. 3. The Board of Examiners shall organize within three months after the passage of this act. They shall procure a seal, and shall receive, through their Secretary, applications for certificates and examinations. The President of each Board shall have authority to administer oaths, and the Board take testimony in all matters relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having received diplomas or license from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the Board. They shall furnish to the County Clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings, they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

SEC. 4. Said Board of Examiners shall examine diplomas as to their genuineness, and, if the diploma shall be found genuine as represented, the Secretary of the Board of Examiners shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorised to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits, as provided in this act, by letter or by proxy, and the Board of Examiners shall issue its certificate the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Boards shall authorize the possessor to practice medicine and surgery in the State of California; but no examinations into the qualifications of persons not holding diplomas or licenses shall be made after the thirty-first day of December, eighteen hundred and seventy-six. After that date no certificates shall be granted by them, except to persons presenting diplomas or licenses from legally-chartered medical institutions in good standing.

SEC. 6. Every person holding a certificate from a Board of Examiners shall have it recorded in the office of the Clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practise shall procure an indorsement to that effect on the certificate from the County Clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the County Clerk the usual fees for making the record.

SEC. 7. The County Clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the Board of Examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the County Clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board

shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualification of the candidate as a practitioner.

SEC. 10. The Board of Examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the Board.

SEC. 11. Any person shall be regarded as practising medicine, within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M.D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons of the United States Army or Navy.

SEC. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, [or] who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity, by any drug, nostrum, manipulation, or other expedient, shall pay a license of one hundred dollars a month, to be collected in the usual way.

SEC. 13. Any person practising medicine or surgery in this State without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500), or by imprisonment in the county jail for a period of not less than thirty days nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction, shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery.—*N. Y. Med. Journal.*

EMPHYEMA—TREATMENT BY DRAINAGE —RECOVERY.

William W., a laborer, of temperate habits, was always much exposed to weather, but never had a sick day in his life until twelve weeks before his entrance into the hospital, which was on the 26th of May, 1876, when after getting wet and chilled, febrile symptoms came on, with "catching pains" in the left side, cough, slight expectoration of

frothy matter, and some dyspnoea. He kept about his work for two weeks, and was then obliged to give up and take to his bed, to which he was confined until he entered the hospital. The cough increased for six weeks previous to his entrance, and the expectoration became profuse and mucopurulent. The dyspnoea also somewhat increased, and he lost flesh and strength rapidly. There was some swelling of the feet. Appetite good; sleep poor; bowels regular. Pulse 106; temperature 99°; respiration 40.

The impulse of the heart was felt below the xiphoid cartilage; sounds loudest an inch to the right of the sternum, at level of fourth rib. There was complete flatness on percussion, and absence of vocal fremitus, in every part of the left chest front, back, and side. No respiration was to be heard in any part of the left chest, except just below the clavicle, where there was distant bronchial respiration and abundant moist crepitation; also between the scapula and spine, on the left side, the respiration was tubular, with some crackling. The same side was somewhat dilated (to the eye), and the intercostal spaces were obliterated. No rales were heard anywhere on the right side. There was abundant expectoration of thick, greenish matter; considerable emaciation; fingers clubbed.

The chest was tapped May 27th, and two quarts of inodorous pus were withdrawn by means of Bowditch and Wymans's syringe. June 1st, an opening was made four inches below the angle of the left scapula, and a drainage tube was put in. The chest was washed out twice daily with a weak solution of carbolic acid. The cough immediately diminished, the pulse daily became slower, and the patient was up and dressed. The discharge having nearly ceased, the tube was removed June 20th, and the opening healed in two days, when the patient was able to go home, "much relieved," July 6th. There was only partial expansion of the lung at the time he left the hospital. The heart had returned to the left side, but there was dullness on percussion and absence of respiration in the lower half of that side. There was a decided curvature of the spine, with concavity to the left. His general condition was very satisfactory. A few weeks later he was heard from as "well," and at work.—*Boston Medical and Surgical Journal*.

TREATMENT OF SCARLATINA BY TINCTURE OF IRON.

Dr. Darrabee says: I am aware that in calling your attention to the treatment of scarlatina with iron throughout its entire course, I am not introducing anything new to the medical profession. The part which iron, and, possibly, other hematic

or permanent tonics, may play in the system, is known to every student of medicine. The power which they exert in all diseases concerning the blood, to preserve the integrity of the vital fluid, is demonstrated at the bedside every day. Few practitioners of experience in this country would be beguiled into the treatment of pneumonia, typhoid fever and scarlatina, laid down by German authors in "Ziemssen." Whatever in the future may be discovered in regard to the nature of the contagion of this disease, one thing remains, that something is introduced into the blood through the organs of respiration or deglutition. Its presence in the blood produces important changes in the corpuscles, which produces also a change in the liquor sanguinis scarcely less important. I have used tincture ferri-chlorodi in solution, with syrup and water and with chlorate of potassium, in the epidemic of 1868, as in the present prevalence, with results so satisfactory that I do not feel inclined to change the treatment for any other. I claim for this treatment the following advantages:

First. That by maintaining a healthy condition of the blood, it prevents, as much as medicine can, the consequences which follow upon a depraved condition of that fluid.

Second. That it maintains here, as it does in erysipelas, an appetite throughout the course of the disease, which enables suitable nourishment to be digested.

Third. That this preparation acts upon the kidneys, maintaining, by its diuretic and astringent properties, a free flow of urine.—*Trans. (Ky.) Med. Society*.

SALICYLATE OF SODA, IN RHEUMATISM.

Prof. Clarke has treated eleven cases of acute rheumatism—all that occurred in his ward of Bellevue—with this drug. In nine of the cases there was early improvement following the use of the medicine. In two cases the amelioration was more gradual. The influence of the medicine in "lowering the fever heat and diminishing the excited pulse were as marked as its power to relieve pain."

The formula used in all the cases is as follows:

R. Acid salicylic	ʒ iij.
Sodæ bicarb.....	ʒ ij.
Glycerine	ʒ ij.
Aq.....	ʒ ij.

M. Sig. Tablespoonful every two hours for the first day, and afterwards the same dose, six times a day.

No unpleasant effect of any kind was noticed after the administration of the medicine.—*Med. Record*.

HERNIA CEREBRI TREATED BY A PLASTIC OPERATION.

Believing the treatment adopted in the following case to be new, and eminently calculated to be of service in a certain class of cases, I venture to place on record a few details respecting it.

A little Hebrew girl, about seven years old, was admitted into the London Hospital, under my care, early in the present year, having fallen from a second storey window to the ground, and sustained a compound comminuted fracture of the skull in the right fronto-temporal region, the wound in the skin being just anterior to the edge of the hairy part of the scalp. The bone was extensively comminuted, the dura mater wounded, and brain-matter had escaped. Some of the loose pieces were removed and some depressed parts elevated, but the injury appeared to be so severe that little hope of the child's recovery was entertained. Contrary to expectation, however, the patient, after passing through a variety of interesting phases, at the end of three months appeared to be in perfect health, with a granulating pulsating mass, as big as half a hen's egg, projecting above the level of the skin of the forehead just in front of the anterior end of the temporal ridge, with the skin firmly adherent to the edges of the opening in the bone. Pressure with strapping only had the effect of flattening the mass without reducing its bulk, merely spreading it out. I now determined to try the effect of protecting this with the tissues of the scalp. The adherent skin was detached, and a piece of the scalp, exactly corresponding to the space to be covered, was transplanted to the required spot. Great attention to all the usual necessary details was given, but, as each plastic operation must of necessity differ from all others, it is useless to describe them here. Suffice it to say that the transplanted part united perfectly, and the gap in the scalp where the covering was taken from granulated slowly, being assisted in the process by numerous graftings.

The child is now running about the streets, presenting a rather remarkable appearance on account of the hair growing on the transplanted piece. The size of the projection is much diminished, and no pulsation can be felt through the skin.—Dr. Adams, *The Lancet*.

PROBING OF WOUNDS OF CAVITIES.—We are gratified to learn that in a recent case of gunshot wound of the abdomen, admitted to Bellevue Hospital, no attempt was made to search for the ball by probing. This is such an exception to the general rule in cases admitted to hospital, that it deserves special mention. In the present instance the patient will have the best chance for recovery; and, in case of death, which from pre-

sent indications is not improbable, there will be no question concerning the meddlesome interference on the part of the surgeon in attendance.—*Med. Record*.

NEW METHOD OF TREATING FRACTURED CLAVICLE:

The difficulties connected with the treatment of fractured clavicle, and the frequently unsatisfactory results obtained, have led me lately to pay special attention to this subject. I have accordingly devised a mode of treatment which so far bids fair to be productive of much more satisfactory results than have hitherto been obtained.

The apparatus, which has been made for me by Messrs. Hooper and Co., of Pall-mall, consists of an india-rubber pad, which can be easily fixed in the axilla, and inflated at will.

To fix the apparatus, I make use of three handkerchiefs. Placing the air-pad (previously surrounded by cotton-wadding or lint) uninflated in the axilla of the affected side, one handkerchief is passed across the opposite shoulder, and its ends tied to the loops at the extremities of the pad, in order to keep it in position. A second handkerchief is then passed round the neck, forming a sling, in which the hand and forearm are suspended. A third handkerchief is folded like a shawl, and passed around the body in such a way as to compress the elbow against the side, and two of its ends tied tightly against the ribs of the opposite side. The remaining corner of the handkerchief is then brought right round the bend of the elbow and stitched to that part which is fixing the elbow to the side. This having been done, the air-pad is inflated as much as may be deemed necessary, the escape of air being prevented by one or two turns of the screw at the end of the tube. The tube may then be passed round the outside of the arm and fastened in the loop for it at the end of the pad.

The great advantages of this over other modes of treatment are that the pad, which may be inflated to any size requisite, thus exercising a constant and gentle leverage of the shoulder upwards and outwards, causes no injurious pressure upon the vessels and nerves, and consequently no discomfort to the patient.—Dr. Eddowes, *The Lancet*.

MEDICAL COLLEGES ADVERTISING IN SECULAR PRESS.—Until it is definitely settled that the professors of medical colleges have greater privileges of violating the Code than are accorded to ordinary members of the profession, we shall protest against the shameful system of medical advertising which shields itself behind college announcements in the secular papers. Why any body of men, because they may constitute themselves a faculty

of a medical college, have a right to parade their professorships, ostensibly for the good of the institution, but in reality for the good of themselves, we can never quite understand. As we had a right to expect better things of the Faculty of the Albany Medical College, we are the more surprised to find it stooping to the special method of advertising to which we have referred. We are well aware that any charge of using unfair means to advance the school, and through the school to advance themselves, will be met by the interested parties with innocent astonishment; but this will hardly receive its wished-for interpretation by the profession at large. There is in reality no middle ground to take in this matter. Either the Code has to be altered to suit the supposed requirements of the college, or the college made to conform with the requirements of the Code. The deliberation which has apparently dictated the policy of the school in the advertising affair, only adds to the gravity of the offence, and the sooner the faculty is subjected to discipline the better. It matters not who the members of the said faculty may be; the higher their position, the more effectual will be the example which may be made of them.—*Med. Record.*

light weight cases may be the result of chronic dyspepsia, diarrhoea or dysentery, marasmus, scrofula, hemorrhoids, (bleeding), hypertrophy of the heart, with excessive impulse, albuminuria, Bright's disease. In addition to these in the case of females, some chronic uterine disease may be suspected. The exceptions are few in which it is safe to disregard these limits, and in every such case of under-weight tests for Bright's disease and other obscure organic mischief are imperatively indicated. In this connection will be seen the importance of being accurate in stating the height and weight. Mistakes might cause the rejection by the Home Office of a good risk, or the acceptance of a bad one.

WOUNDS OF THE URETHRA.—At the last clinic at Bellevue Hospital, Professor Gouley presented a couple of very interesting cases. The first was a young man whose urethra had been completely severed at the junction of the bulbous and membranous portions by a fall. When first seen, forty-eight hours before, there was a very extensive extravasation of urine in the perineum and scrotum, and the patient's condition was one of imminent danger. Dr. Gouley at first endeavored to pass a catheter, but, all his efforts resulting in failure, aspiration was resorted to, and the bladder successfully evacuated. He incidentally warned the class against giving an anæsthetic before attempting to pass the catheter in such cases, on account of the great danger of the distended bladders being ruptured during the patient's struggles; considering it infinitely better that a little pain should be inflicted than to run the risk of such an accident. When the urine had been drawn off, the patient was etherized, and he then made a very free incision from the anterior border of the anus through the whole space of the perineum, and for a very considerable distance up into the scrotum. This had procured complete drainage, so that the parts were already beginning to assume their normal appearance, and the condition of the patient was excellent. Dr. Gouley now never permits a catheter to remain in the bladder; believing that such a practice is productive of great evil. The instrument soon becomes encrusted with urinary deposits, and ulceration and cystitis are almost invariably induced. In this case it was expected that the urethra (the membranous portion of which had been completely laid open by the operation) would heal by granulation. A large sound (No. 13, English scale) would be passed at first every other day, and afterwards once a week, and narrowing of its calibre thus prevented. It was possible that a urinary fistula might result here; but it was too soon to say what would be the final conditions of the parts.

LIFE INSURANCE TABLE.

The following is Dr. Theodore Parker's limit table of weights and measurements.

Height.	Chest.	Standard weight.	25 pr. ct. under weight.	45 pr. ct. over. weight.
5 ft.	32½ in.	115 lbs.	92 lbs.	167 lbs.
5 "	1 in 34	120 "	96 "	174 "
5 "	2 " 35	125 "	100 "	181½ "
5 "	3 " 36	130 "	104 "	188½ "
5 "	4 " 36½	135 "	108 "	195 "
5 "	5 " 37	140 "	112 "	203 "
5 "	6 " 37½	143 "	114 "	207 "
5 "	7 " 38	145 "	116 "	210 "
5 "	8 " 38½	148 "	119½ "	215 "
5 "	9 " 39	155 "	123 "	224⅓ "
5 "	10 " 39½	160 "	128 "	232 "
5 "	11 " 40½	165 "	132 "	239 "
6 "	41 " 41	170 "	136 "	246 "
6 "	1 " 41½	175 "	140 "	254 "

This table was constructed by Dr. Parker several years ago, as a guide in his company, the Globe Mutual Life, of New York, and experience has confirmed its value, as a rule that applicants 25 per cent. under standard weight, and 45 per cent. over, are not safe cases for insurance at regular rates.

As a limit, therefore, of under and over-weight, it will aid the examiner in forming an opinion of the safety of the risk for his company. Twenty-five per cent. *under-weight* is the loss of one-fourth of the man, and calls for the most searching investigation on the part of the examiner. These

The second case was a lad of about sixteen, who was suffering from injuries inflicted by a very extraordinary kind of enema, which was administered to him on the 4th of July last. On this occasion some maliciously disposed individual placed the muzzle of a large pistol charged with gravel stones at his anus, and deliberately pulled the trigger; occasioning, as may readily be imagined, a very confused and uncomfortable state of affairs in the vicinity of the boys fundament. In the course of time, however, the injured parts all healed up, though ever since the accident he has voided the urine by the rectum. On examination, it was found that a sound would pass for six inches into the urethra, when it came to a sudden stop, and that there was a small fistulous orifice in the anterior wall of the rectum, about an inch above the anus. It was impossible, however, to pass even the smallest probe through the latter into the bladder; though this might be due to the great tortuousness of the canal. No other opening whatever could be discovered through which the urine might make its escape. This fistula had recently shown a tendency to heal up, and only a day or two before the patient had suffered from retention of urine, which it was necessary to relieve by means of the aspirator. By rectal exploration it was thought that the remains of the prostate could be detected, though this was not made out with certainty.

After consultation with Professors James Wood and A. B. Crosby, who were present, Dr. Gouley made a free incision in the median line of the perineum, and cut down upon a sound which had passed into the urethra by the meatus urinarius. Then, having passed the extremity of the sound out through the perineal wound, he inserted a silk suture through the remains of the urethral wall on each side, and, using these as guides, endeavored to find the continuation of the canal, if possible. Entirely failing in this, however, with a small, straight bistoury he cut upward through the firm cicatricial tissue lying just anterior to the rectum, and finally succeeded in getting into a pouch which he believed to be a portion of the bladder; though of this he could not be quite certain, as it seemed to contain no urine. He was of the opinion that before night urine would come out through the perineal wound. In case no urine was found to escape, however, there would probably be retention again, and then the distended condition of the bladder would be much contracted; yet at the time the aspiration was made, a pint and a half of urine was drawn off. At a second operation, Dr. Gouley said he would probably make a new urethra for the patient, if possible; though it was a very unusual and complicated case, and he would have to be guided by circumstances in its future management.—*Medical Times*.

REDUCTION OF STRANGULATED HERNIA.—*Nashville Journal of Medicine and Surgery*, September, 1876.)—Dr. B. H. Washington says that for many years he has employed a painless, easy, and quick plan of reducing strangulated hernia, which he considers far superior to the ordinary tedious, painful and sometimes dangerous taxis. This plan consists in applying a dry cup to the abdominal wall, say over the umbilicus; then let an assistant stand between the legs of the patient and lift the hips as high as he can; then the operator, drawing on the dry cup, produces a vacuum, and, atmospheric pressure being superadded to the weight of the intestines gravitating towards the chest, a reduction is easily effected in less than a minute:

The operation is almost painless, and really seems so to the patient, for the relief from the preceding pain is so great that he never says a word about any suffering from the operation.

Dr. Washington adds that the Russian peasantry reduce hernia by dry-cupping on a grand scale; they take a small cooking-pot, and make the bottom as hot as they can without making the rim too hot, and then, applying it over the abdomen, cool the bottom with cold wet cloths, and thus suck up such a large portion of the intestines that they are able to make traction enough on the intestine to draw it back again into the abdominal cavity, though the patient has not the hips elevated.—*Medical Times*.

SEALING OF COMPOUND FRACTURES WITH THE COMPOUND TINCTURE OF BENZOIN.—Mr. Bryant of Guy's Hospital, has been treating fourteen consecutive cases of compound fracture by closing the wound as soon as possible after the accident, with lint saturated with the compound tincture of benzoïn. The results obtained have been almost uniformly satisfactory. In one case where the injury was produced by the kick of a horse, the fracture was at the junction of the middle and lower third of the limb. A piece of bone projected through the lacerated wound, and there was much contusion. The dresser, Mr. Peacock, at once reduced the fracture, and closed the wound with several pieces of lint saturated with the compound tincture of benzoïn, and then swung the limb upon suitable splints. No pain or constitutional disturbance followed. When the lint was removed on the 25th day, the wound had completely healed and the fracture was united. Three other consecutive cases are given, in which good results followed. In the second case, the dressing remained undisturbed for twenty-seven days, and on being removed the wound was healed and the bones were consolidated. About three weeks later he left the hospital with a good leg. The third and fourth cases are much of the same character, in the one instance the dressing remaining in place twenty-six days, and in the other sixteen,—*Lancet*, Nov. 25, 1876.—(*Medical Record*.)

CÆSARIAN SECTION.

Of the graver operations which may any day and without previous warning present themselves before the general practitioner is that of *Cæsarian section*. A case has recently occurred in which mother and child were both saved; and as an equally successful case had some sixteen years ago fallen into the same hands, the details may be instructive as well as interesting to many of your readers, as Dr. Edmonds seems to have anticipated every difficulty and met successfully every complication. The patient was a lively bright Alsatian, who had come to England to be confined, so that her child, if a boy, could never be compelled to fight against the French in any future Franco-Teutonic struggle. She had always had excellent health, except a little catamenial derangement. She had married, and she and her husband had experienced some obstruction in coitus, but not sufficient to cause them to consult a medical man. She had been in labor three days when Dr. Edmonds was called in, and had borne the ordeal famously. It was found that the pelvis was occupied by a large rounded tumor which sprang from the right ischium at its base. It had grown upwards and inwards, so as to displace the vagina. A chink less than an inch in width was all that was left betwixt the tumor and the left edge of the pelvic brim. The tissues of the pelvic organs were healthy and in no way involved in the tumor. All hope of affecting delivery by the natural passages had to be abandoned, and Cæsarean section was decided upon. It being Sunday evening, and other arrangements being impracticable, the patient was put into a cab and driven to the Temperance Hospital, to which institution Dr. Edmonds is senior physician. Being aided by several friends, the operator proceeded as follows: 1st. A terebinthinate enema was administered, to clear out the bowels and with the hope that the turpentine would act as a hæmostatic. 2d. Carbolic acid spray was projected into the atmosphere of the operating-room until the chamber smelt distinctly of it, while the temperature was raised to 70° Fahr. 3d. The most scrupulous care was taken to have no septic matter on the instruments, the whole of the attendants and the operating body were carefully disinfected, the hands scrupulously cleansed, and lastly washed in iodine water. 4th. The patient was seated nearly upright upon the edge of the operating table, in order that the blood might flow out over the pubes instead of sinking down into the interstices of the intestines. Nurses held each lower limb steady, and a Windsor chair was placed behind the patient's back, so that she was firmly secured. Chloroform was then administered. The bladder was emptied by means of a long male catheter. The incision was commenced at the umbilicus and continued downwards in the median line to within three inches and a half from

the top of the symphysis pubis. It was then carried cautiously downwards for an inch or more, as the bladder was found to extend some four inches above the pelvic brim, and, filling with urine, prolapsed through the wound during the operation. It got so much in the way that a catheter was passed and kept it in situ. In consequence of the position of the bladder the incision was carried upwards beyond the umbilicus. The whole incision was six inches in length.

The uterus was seen lying diagonally across the abdomen, its fibres distinct through the peritoneum, and its walls tensely stretched upon its contents, the waters having escaped at an early period. The fibres retracted forcibly on being severed by the knife. The shoulder of the infant appeared in the cut, and the rest of the incision was completed on a director. The fœtus was seized by the head and withdrawn, the uterus closing upon itself very promptly. The child being in a state of suspended animation, the placenta was extracted and laid beside it, while Dr. Routh proceeded to restore it. After the withdrawal of the placenta the uterus contracted and expelled a few ounces of blood, which flowed safely over the pubis. The fingers of the right hand were inserted to extract some fibrinous clot, after which the uterus was gently kneaded to induce it to contract firmly. Rounded fragments of ice were dropped into the uterus from time to time, and brought in contact with the whole surface. The uterus contracted perfectly, each contraction squeezing out a little fluid, which at first was pure blood, and afterwards only red serum. The wall of the contracted uterus was about three-eighth of an inch in thickness. Its internal surface became coated with fibrin, and the red serum which followed at each contraction left plugs of fibrin in the uterine sinuses. After three-quarters of an hour, it was thought safe to proceed to sew up the incision. Two silver-wire sutures were passed through the abdominal walls, closing the lower portion of the incision, after which the upper portion was closed by four similar sutures. These sutures were carried through the whole thickness of the abdominal wall. They included two-thirds of an inch of skin and one-third of an inch of peritoneum. Just before closing the abdomen an œsophageal tube was passed into the uterus and out through the vulva to make sure of a passage for the lochia.

Having tightened and fastened the sutures, the surface of the abdomen was sponged, and then tapes of adhesive plaster were fixed betwixt the sutures, and the edges of the wound brought into apposition. A thick sheet of carbolized wool was laid over the abdomen, and finally a five-inch flannel bandage was rolled around the body so as to take off any tension upon the tapes and sutures and the operation was complete. In its contractions the uterus seemed if about to turn itself inside out.

The loss of blood was about ten ounces. Very little chloroform was used, and after the removal of the child, the mother sank into a natural sleep, like Damiens in the intervals of the rack. In addition to the turpentine enema, the patient had internally one hundred drops of *secale cornutum* in divided doses, and sixty of oil of turpentine, shaken up in milk, in two doses. When the operators left, the patient was sleeping calmly, the pulse and respiration being almost normal. The patient was fed on milk and water and oatmeal gruel sweetened, and had neither physic nor alcohol prescribed; indeed, both were forbidden. A hyoscyamus draught was given on the third day for some flatulent pain, and a dose of castor-oil on the fifteenth day to open the bowels. The after-history of the case is entirely negative, the patient recovering without one single evil symptom, and the baby being equally fortunate. Mother and child were both shown to the medical society before the paper was read.

A long and adjourned discussion followed, in which the subject of suturing the uterus was thoroughly discussed. In both of his cases Dr. Edmunds left the uterus unsutured. The case is one of great interest, and exhibited in a high degree the good results of combined skill with an excellent patient. Dr. Edmunds was highly and deservedly complimented on his successful results. The case, of course, is a very fortunate one for the Temperance Hospital, and a great feather in its cap. But, after all, most of the merit lies in the fine physique and high courage of the patient, who slept through the greater portion of the operation without chloroform, and never needed a stimulant.

An equally successful case of Cæsarean section has occurred in the hands of Dr. Llewelyn Thomas also of London; but the details of this case have not yet been published.—*Med. Times*, London.

THE TOPICAL USE OF CARBOLIC ACID AND CREASOTE TO THE THROAT.

In the London *Medical Times and Gazette*, November 14th, Dr. G. A. Imlay says:—

In cases of long-standing chronic bronchitis, with profuse yellow purulent expectoration, I have never known these remedies fail to diminish expectoration, and allay the troublesome cough in a remarkable degree. When we carefully examine the local action of carbolic acid, creasote and tar on external inflammations, ulcerations, etc., we can easily conceive the beneficial results to be derived from their local application in the form of spray to the mucous membrane of the bronchi. Carbolic acid is well known to prevent decomposition; and nowhere is this action better verified than in cases of bronchitis with offensive-smelling sputa, for after a few applications it will invariably remove the

fetid odor from the expectoration. I think, in this particular, carbolic acid is certainly superior to creasote. But, in my opinion, their beneficent action is mainly due to their astringent effect on the mucous membrane; and creasote has here a great superiority over carbolic acid, for it will frequently diminish the expectoration to one-half its former quantity in the course of three or four days. Their sedative properties are greatly inferior to those aforementioned, for I have frequently employed them in cases where a constant irritating cough, with slight mucoid expectoration, were the only symptoms complained of; but I cannot say that I have ever seen any benefit derived from their use. With regard to the manner of their application, the instrument I prefer is Siegle's inhaler, as I believe it possesses special properties when you aim at applying local medication to the bronchi. It consists essentially of a boiler containing water, a glass containing the solution of carbolic acid, creasote, or tar, as the case may be, and two glass tubes drawn to a fine point, like an ordinary spray producer. The steam from the tube in connection with the boiler draws, by capillary attraction, the medicated solution up the second tube, and by this means a very fine spray is produced, capable of permeating to the most minute ramifications of the bronchial tubes; and, moreover, when it reaches the lungs, it approaches as nearly as possible the temperature of the body. I generally commence with a weak solution of creasote, two minims to the ounce of water, and gradually increase it to twice that strength. A sufficient quantity of spirit should be added to dissolve the creasote. I direct the patient to take one deep inspiration, so as to entice the spray well into the lungs, and again to renew it in the course of a few seconds. After one or two applications it gives rise to no irritation or cough, and it is extremely agreeable to the patient.

INJURY OF THE EYE BY LIME.

This form of injury, which is beautifully depicted by the late Mr. Wardrop in his work on the eye, is common amongst bricklayer's laborers, in consequence of the ebullitions which take place in the hasty slacking of lime, and which are sometimes strong enough to splash the lime into the eye. However happening, the injury is very dangerous, and the more so because the effect of the caustic alkali is rapid, and the patient is seldom seen until much mischief is done. The first effect of pure lime is to disintegrate or burn the entire conjunctiva wherever it lodges, and even to destroy the corneal surface in the same way. If the lime only lodges in spots, those parts of the conjunctiva will suffer and the remainder escape, because the lime being insoluble does not spread to any serious extent, and, moreover, the process of slack-

ing absorbs all the tear-water, and the deposit is, therefore, not washed away. Commonly, even when the lime is in the form of mortar, the conjunctiva is removed from the entire cornea, which then appears as a dull opal-colored surface surrounded by the chemosed conjunctiva, and appearing as if buried in a pit in the surrounding vascular tissues. Vision is almost *nil*, the pain violent, but of a smarting rather than an aching character, and the flow of tears excessive. If the conjunctiva be burned off only in patches, these places will appear as shallow depressions, usually with the cake of lime adherent to their bottoms.

Treatment.—The first indication is to remove the lime very thoroughly, which, in consequence of the closeness of its adhesion, is a troublesome and painful proceeding. The eye-lids should be fully everted, all that can be removed by a camel's hair brush taken off, and all that cannot, picked away by forceps or even dug out if necessary with the needle or Walton's gouge. The deepest part of the conjunctival fold often contains a quantity of the lime, which may be overlooked if not searched for. When the large portions are removed, the surface should be syringed with weak vinegar and water, which will form with the remaining small particles an innocuous acetate of lime. The removal of the lime having been completely effected, a drop of atropine should be instilled, and then a couple of drops of fine oil or sweet glycerine and the lids closed. Astringents, such as weak nitrate of silver solution and sulphate of zinc are sometimes recommended, but I have found them very irritating in such cases and worse than useless. Acetate of lead lotions must be specially avoided, as they will deposit a coating of insoluble-chloride-carbonate and albuminate of lead in the ulcerated surface, which will heal in and remain as a permanent stain. According to the extent of the injury, the subsequent treatment must be directed to allay inflammation. Cooling lotions externally will be suitable in slight cases, those more severe will require leeching to the temple and poulticing.—*Med. Press and Circular.*

RAW MEAT IN THERAPEUTICS.—Raw meat is now used to a considerable extent as an agent of hygiene and therapeutics. The following directions with regard to it, from the *Journal de Pharmacie*, may not be without interest. Beef is preferable to mutton. The fat should be removed (one reason being that it may contain cysticercus). The best part is the *room steak* (*sic*). The fibres are here best suited for rasping (*rapage*) in longitudinal direction. This is the best mode of division. Chopping removes from the meat most of its juice, and does not give such good division. The rasping is done with a sharp knife-blade—the

sharper the better. The piece of meat should be pretty thick, and of lozenge shape; the rasping can be done on all the facings, in the natural direction of the muscular fibre. The piece should rest, held by one end, on a resistant and slightly inclined plane. The meat is generally reduced to the form of a pill or bolus, which is rolled in powdered sugar or crumbs of bread. If it cannot be taken thus, it may be given under the mask of bouillon, which should be cold. One of the best methods is to prepare a thin porridge of tapioca; let it cool till it cannot cook the meat in the least. Then the meat, finely rasped, is introduced into a small quantity of cold soup till the mixture is complete. This mixture has the aspect and consistence of a fine soup of tomatoes. Next the tapioca porridge is gradually poured on this soup, the mixture being constantly stirred. Thus a homogeneous porridge is obtained, in which the meat is so well concealed that no one would detect it unless previously advised of its presence.—*Med. Press and Circular.*

PURPERAL ECLAMPSIA.—Dr. O. B. Withers, Ky., in a paper read before the Southwestern Kentucky Medical Association, states that "out of thirty-four cases [of puerperal eclampsia] that have come under my observation, there has been only one death, and that was before labor came on." He reports several cases, and thinks the uterus should be relieved, with or without instruments, with as little delay as practicable. "Do not delay, for you may possibly save both mother and child. But if there is turgescence, or even hardness of the pulse, bleed; no remedy is equal to opening the temporal artery; do not neglect it on any account. Fear not the censure of anybody, but be bold, energetic and prompt, for the woman's life is in your hands." Delivery and bleeding are his great points—cathartics and other usual remedies are good adjuvants.—*Richmond and Louisville Med. Journal.*

A NOVEL DANGER.—Mr. James Greenwood calls attention to the very common and dangerous practice of obtaining novels from the circulating library for the use of invalids recovering from infectious diseases, and returning them without their being properly disinfected. We do not know whether the full extent of this danger has ever occurred to Mr. Mudie, but it is no doubt a rather serious one. It might be obviated by establishing "an invalid's library." Meantime, it may be well to warn the good natured friends of such invalids, that the practice of returning such novels into circulation in this unguarded way exposes them to a penalty of £5, and that proprietors of a library are not, we imagine, altogether free from legal responsibility, if it can be shown that they are the conscious accomplices of the act.—*Brit. Medical Journal.*

REMEDIES FOR CHRONIC DIARRHŒA.—In Autumn, medical men are often troubled with cases in which a painless diarrhœa is the leading symptom. It may come and go with the changes of temperature (being specially influenced by dampness of air and decaying vegetation), or it may be the sequel of an acute form of the malady which was never properly cured during the summer. Assuming that most of the common remedies within reach have been tried and have only partially succeeded, I venture to recommend, firstly, a systematic use of the more powerful vegetable astringents, somewhat as follows: (a.) A teaspoonful of tincture of galls in an ounce of distilled water, is extremely effective, and should be continued at least daily for some weeks. (b.) The liquid extract of bael has many merits, and may be given in the same way. (c.) Salicin should be administered in a dose of five or six grains, perhaps combined with a grain of ipecacuanha. Let them be mixed into a couple of pills, and taken three or four times a day. This plan seldom fails to appease an obstinate diarrhœa. But, secondly, opium is now and then absolutely necessary, and I contend that it should always be prescribed in comparatively small and frequent doses, so as to obtain the least physiological with the most medicinal effect. Let the wine of opium be given to an adult in the quantity of three or four minims (with an ounce of chloroform water) five or six times in the twenty-four hours, and the remedy ought, invariably, to be left off by degrees. Speedy and permanent results may follow this method. One point in diet is important. Sometimes bread in any form disagrees, and, in the place of it, the patient ought exclusively, to eat biscuits.—*Dr. Spencer, Brit. Med. Journal.*

THE OPEN TREATMENT OF WOUNDS.—Dr. Burow, of Königsberg, reports the results of 123 operations performed by his father and himself during a period of nineteen years, and treated by the open method. The following are the figures given. There were 123 cases, with nine deaths, *i.e.*, $7\frac{1}{2}$ per cent., comprising thirty-three amputations of the thigh with six deaths, or 18 per cent.; twenty-four amputations of the leg with three deaths, or 12 per cent.; and twenty-five amputations of the arm, twenty-nine of the forearm, nine of the foot, and two of the hand without any fatal case. These figures furnish a most interesting comparison with those compiled by Paul, Malgaigne, Ashurst, and others, more especially Kronlein, Volkmann, and Thiersch. Dr. B supports with sound arguments the character of his statistics, while acknowledging that the figures are small. He gives in brief the following as the essentials of the system he follows. In a case of amputation of the breast, he carefully checks the bleeding by the use of silk ligatures which he cuts off short. The

wound is then left absolutely open, being protected from dust and flies by a single oiled cloth. No sutures or plasters are used. When granulations spring up luxuriantly, the cloth is wet with a solution of acetate of alumina. This is the whole treatment. After amputations of limbs, he first ligates the larger vessels before loosening the Esmarch's tube, completing the ligations after removing it. The wound is then left open for half an hour with the double object of guarding against secondary hemorrhage and of allowing the surface of the wound to ooze with a serous fluid. Then he puts in three sutures, securing them with a loop and not a knot, so as to allow for swelling of the tissues. Two or three strips of plaster are placed between the sutures, and the lower angle of the wound is left wide open for the free escape of discharges. Then by position of the limb and by careful watching, it is made sure that the secretions can escape freely. He does a flap operation, insists on the greatest cleanliness on all hands, and never uses sponges a second time.—*Archiv f. klin. Chirurg.*, XX. 1, 1876. *Medical Record.*

INCONTINENCE OF URINE.—Dr. William A. Hammond publishes in *The Ohio Medical and Surgical Journal* for October, 1876, notes relative to nocturnal incontinence of urine and its treatment. He says that he has found the following plan of treatment so efficacious that, though there are others which are at times followed by success, he has for several years past adopted it exclusively:—

(1.) Supposing the patient, as is generally the case, to be a child, the bladder should be emptied on going to bed, and then two or three times afterwards the patient should be taken up and again made to urinate.

(2.) Sleeping on the back should be prevented. The supine position is one which, of all others, increases the amount of blood in the cord, and hence augments its irritability.

(3.) The following prescriptions should be given for several months, three or four at least; if stopped sooner the affection is liable to return.

R Zinci bromidi \bar{z} ss.
Ergotæ ext. fl. \bar{z} iv. M.
Ft. sol.

Dose, ten drops three times a day, increased five drops every month. Thus for the first month ten drops are taken three times a day; for the second month, fifteen drops three times a day; for the third, twenty drops and so on. It is preferably administered after meals, being less apt then to excite nausea or vomiting. Should either of those symptoms prove troublesome, the ensuing two or three doses may be somewhat smaller.

Children of from four to twelve years of age can

take the foregoing quantity without disturbance of the general health, and even for adults it is not often necessary to increase them except in the way of augmenting the doses by five drops every two weeks instead of every month.

In cases, however, where the bromide of zinc is not well borne, the bromide of iron may be substituted. It should be given in the form of a syrup, in doses beginning with five grains three times a day, gradually increased to fifteen or twenty.

R Ferri bromidi \bar{z} i.
Syrupi simplicis \bar{z} vi.

A teaspoonful of the syrup, made according to the above formula, contains about ten grains of the bromide of iron. The dose, therefore, to start with, is half a teaspoonful three times a day, increased gradually, till at the end of three or four months the patient is taking a teaspoonful and a half or two teaspoonfuls of the medicine. With each dose of the bromide of iron the fluid extract of ergot should be given separately, and like it should gradually be increased from ten drops three times a day to a drachm as often. The two medicines cannot be kept mixed together for any length of time without the bromide of iron being decomposed and the ergot also injured.—*Boston Med. Journal*.

SMOKING BELLADONNA IN ASTHMA.—Dr. Reeves, in the *Melbourne Medical Record*, states that smoke from the leaves of belladonna possesses much more power in cutting short an attack of asthma than that from stramonium. A long pipe is the best means of smoking them, the patient being instructed to draw the smoke deep into the chest. If when the attack is at its height he has not the power of doing this, the leaves may be placed in a saucer containing lighted charcoal or wood-ashes, which should be placed on a chair in front of the patient, this chair, as well as his own, being covered with a large sheet, so as to confine the fumes, before the leaves are put on the hot charcoal. From two and a half to five grains of the leaves are sufficient when smoked, and from five to twenty grains when burned. If the smoke be drawn deeply into the chest, the relief is immediate, expectoration of phlegm taking place. It is in the spasmodic form of asthma, where there is little or no expectoration, that the greatest relief is obtained; for, when the tubes are loaded with mucus, the smoke cannot get access to their muscular tissue. The relief is most marked when the remedy is used soon after the paroxysm has commenced, before the spasm prevents access of air to the smaller tubes and air-cells. Tobacco-smokers do not receive the same amount of relief as others. Temporary headache of a throbbing character may be produced if the leaves are used too freely.—*Boston Journal of Chemistry*.

MONOBROMIDE OF CAMPHOR.—The monobromide of camphor consists of one equivalent of camphor and one of bromine united (C_{10}, N_{16}, O, Br). It is a white crystalline salt, having the odor of camphor and slightly that of bromine. The atmosphere decomposes it at a temperature of $100^{\circ} F$. W. A. Hammond has used it successfully in infantile convulsions from teething, dose one gr. each hour; hysteria, four gr. each hour; headache in females from nervous excitement or over study, one dose of four grains being sufficient for cure. Dr. G. says in chordee, in doses of one or two grains each hour, it is a very positive remedy, one or two doses generally giving relief. In nymphomania there is no remedy equal to this compound salt of camphor and bromine. It is also a positive remedy in spermatorrhœa, nocturnal emissions with amorous dreams, in doses of three or four grains, at bedtime.

In cases of cerebral anæmia, from excessive venery, it calms nervous excitement; in debility, with cold extremities from feeble heart, it equalizes circulation—impressing the cerebro-spinal system. Dose, three or four grains three times a day. In nocturnal incontinence of urine it is efficacious in doses of from one to six grains at bedtime. (Best given dissolved in alcohol and glycerine, or suspended in mucilage and syrup as it irritates the stomach.)—*Chicago Med. Journal*.

REDUCTION OF DISLOCATED FEMUR BY READ'S METHOD.—Touching this method, as applied in a case of dislocation, in the dorsum illi, Dr. Hamilton remarked: "In reduction, the thigh was only moved in those directions in which it could be easily moved. It could not, at first, be abducted or adducted, or extended. In all these directions it was nearly or quite immovable. It could, however, be flexed easily to a right angle with the body; and this was the first thing done. Dr. Read declared that the thigh must be flexed until the knee touched the belly; but I have never found this degree of flexion necessary, except in old dislocations. Nor is it proper, in recent cases, to make this extreme flexion, unless moderate (right-angled) flexion has failed, since it increases the laceration of the capsule, renders liable a displacement of the head of the bone into the foramen thyroideum, and endangers a fracture of the neck of the femur.—*Med. News*."

CHLOROFORM VS. ETHER IN REDUCTION OF DISLOCATIONS.—Prof. Frank Hamilton says: "In nearly all my surgical operations I prefer ether to chloroform, as being equally efficient and more safe; but in the reduction of dislocations we need complete muscular paralysis, and this is much more quickly and certainly attained by chloroform than by ether, and I am in the habit of using chloroform in the reduction of dislocations."—*Med. News*.

Medical Items and News.

FORCED FLEXION IN THE TREATMENT OF ANEURISM.—Dr. Ambrosio Aniello reports (*Movimento Medico-Chirurgico di Napoli*) several cases of aneurism treated by this method. They were cases of aneurism situated at the level of the articulations, and principally of popliteal aneurisms. The rules laid down by Earnest Hart in his papers in the *Medico-Chirurgical Transactions* have been followed, and are summed up as essential to success. The flexion was neither complete nor permanent from the outset, but was only arrived at gradually and in measuring the tolerance of the patients. The conditions which the author concurs with E. Hart in recognising as favorable to the success of this method are, the small size of the tumour, the absence of complicating lesions, the situation of the sac at the posterior part of the artery, and, finally, the power of obtaining complete cessation of the aneurismal pulsation under the influence of flexion.—*Brit. Med. Journal*.

ITINERANT PILE SURGEONS.—THEIR SECRET. Dr. E. Andrews (*Chicago Med. Journal and Examiner*, Oct. 1876) has investigated the secret of certain itinerants who infest Illinois. The secret has been sold to various persons at prices varying from fifty to twelve hundred dollars. The plan of operation is briefly, to procure a good hypodermic syringe and the following solution :

R Crystallized carbolic acid..... ʒ ij.
Pure Oil..... fl. ʒ i.
Mix.

Some use equal parts of oil and carbolic acid—some substitute glycerine for the oil—some use ergot. When the piles are internal and not readily brought down, a Sim's speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil. The injection turns the pile white and causes it to shrink away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. When the irritation of the first injection has measureably subsided another pile is attacked in the same way. Thus far no actual deaths are known to have resulted, although some of the operators have been so alarmed at the effects as to seek for advice from qualified surgeons. If it should prove practically that there is no fear of embolism the operation may prove a valuable addition to our resources.—(*Detroit Review*.)

DRESSING FOR BURNS.—Mix subnitrate of bismuth with pure honey until it forms a thick paste, spread the mixture plentifully over the burned surface and parts near adjoining, as soon as possible

after the burn occurs. Then cover the parts thickly with cotton wool batting and bind closely. In the majority of cases, the dressing should not be removed for three or four days, when the parts should be immersed in water until the dressing is very soft and easily removed. The same dressing should be immediately renewed.—*Pacific Med. and Surg. Jour.*

CALABAR BEAN AS A GALACTAGOGUE.—In the *Bristol Medical Journal* of Oct. 28th, Dr. W. Munro remarks that he had already brought before the profession various uses to which Calabar bean might be put, from its power of dilating the peripheral blood vessels. Wishing, recently, to restore the secretion of milk after it had disappeared from the breast about three days, he had prepared an ointment of the strength of 20 grains of the bean to the ounce, and ordered it to be applied and washed off carefully before the baby was allowed to suck. After two applications, the baby not having been put to the breast in the meanwhile, the milk returned in full flow.—*Chicago M. d. Jour.*

NEW METHOD OF REDUCING DISLOCATION OF THE SHOULDER.—M. Maisonneuve (*L'Union medicale*, November 28th) being called quite late one afternoon to reduce a dislocation of the shoulder, and unable to obtain assistance, seized the patient by the elbow, drew him over his own shoulder, making the patient's weight the counter-extension, and thus, manipulating the parts with his fingers, succeeded in reducing the dislocation. He has now resorted to this method three times. In one case, also, where the luxation had existed fifteen days, his success was complete.—*Boston Med. & Surg. Journal*.

OBSTINATE VOMITING IN PREGNANCY.—Several writers recommend oxalate of cerium. Another, the employment of suppositories containing one-fourth of a grain of morphia, one ninety-sixth of a grain of atropia, and fifteen grains of ol. theobrome, the result of the use of which is most satisfactory. Another mentions one-minim doses of vin. ipecacuanhæ every hour as having proved successful after cerium, nitro-hydrochloric acid, and creosote had been successively tried.—*British Medical Journal*.

EXPECTORANT MIXTURE.—The following is given by the *Medical Record*, as one of the standard formulæ used at Bellevue Hospital, New York city :

R Ammon carb. gr. ʒ 2
Ext. fl. senegæ,
Ext. fl. scillæ. aa fl. ʒ j.
Tr. opii. camph. fl. ʒ vi.
Aquæ fl. ʒ ss.
Syrup. tolut. q. s. ad. fl. ʒ iv.
Sig. Teaspoonful.

HYSTERICAL CHARGES.—Attention is again directed, by a painful case, to the ever-present peril of charges brought by hysterical and erotic women against those who are thrown into personal relation with them. It is needless to amplify the argument that a prudent man will entrench himself in a strong position by punctilious reserve when dealing with young females. The existence of a real danger cannot be doubted. When a morbid thought takes possession of a mind debilitated by hysteria it is impossible to predict the issue. A complete coherent delusion may be rapidly built up, and there is wonderful method in madness, so that the recognition of insanity may not occur until too late to prevent the ruin of a, perhaps, unsullied reputation by some unfounded charge. The cases on record in which even experienced physicians have been deceived are so well-defined that no question can arise as to the peril that hysterical charges may be accredited by courts of justice. It is impossible to suggest a safeguard except that to which common caution points so obviously. Accusations made by women, especially young and unmarried, should always be rigorously investigated; and while it is indispensable that every inquiry of this nature should be pushed to the last extreme, the precaution should be commensurate with the danger.—*Lancet*.

FIRES AT THEATRES.—We noticed last week some of the suggestions for diminishing the risk of fires in theatres which the accident in the Brooklyn theatre has called forth. It is high time that some stringent precautions should be enforced in this country, for, apart from the risk of being burnt or crushed to death oneself, it is shocking to think of having to witness the agonies of some unfortunate actress or ballet girl. Fires in theatres, about the most terrible of accidents, almost always begin on the stage, and are caused by the extremely inflammable nature of the scenery, hangings, and dresses, and their necessarily close proximity to gas-burners. Now we have repeatedly drawn attention to the fact that all such inflammable materials may, without injury and at small cost, be rendered unflammable. Tungstate of soda is the substance which appears to have given the most satisfactory results, and we cannot but wonder that its use has not hitherto been enforced.—*Lancet*.

THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.—Dr. Pavasi describes, in the *Annali di Chimica Applicata alla Medicina*, 1876 (abstract in *Annali Universali Medicina*, August), a formula which he recommends in the treatment of diphtheria. It is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: ℞ Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each 1½ parts; distilled water, 3½ parts; spirits of wine, 1 part.

The whole is put into a strong glass vessel, which is closed, and exposed to a heat of 100° to 150° Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely dissolved. A homogeneous solution is produced, which is filtered through bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colourless liquid, having the odour of its constituent parts. It is insoluble with water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged.

Used both internally and externally, it is an energetic antiseptic, antifermentive, disinfectant, hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavasi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record* Nov. 15, 1876. *Monthly Abstract of Medical Science*.

AN ALTERNATIVE OPERATION FOR VESICO-VAGINAL FISTULA.—In the *Lancet* for June 17, 1876, Mr. Maunder discusses the method of closing the vagina in cases of vesico-vaginal fistula in which it is impossible to close the fistula. He suggests that, in order to avoid the accumulation of urine in the vagina, tending either to irritate or burst asunder the pared surfaces, a plan should be adopted similar to that of puncture of the bladder per rectum in the male. This is to pass a trocar obliquely through the recto-vaginal septum to pass a tube through the canula, and leave it *in situ* projecting at the anus.

A case is related in which this method was carried out. The patient was forty-one years of age, the mother of eleven children. The fistula dated from a delivery by forceps, twelve months previously. A large opening in the floor of the bladder, the size of a five-shilling piece, existed, while the surrounding structures were dense and cicatricial. Operative interference with the fistula was declined by three surgeons who saw the patient. The operation for closing the vaginal outlet was performed on May 4, 1876. A thin layer of mucous membrane, at least an inch and a half in depth, was dissected off at the outlet of the vagina, a large catheter being retained in the urethra while the under surface of this was being pared. Quill sutures were used, as in the operation for ruptured perineum. The recto-vaginal septum having been perforated obliquely just behind the pared surface by a trocar introduced per rectum, a winged catheter was passed through the canula, and the end left in the vagina. On the fifth day, the catheter having become accidentally plugged, the patient sat on the pot de chambre, and strained to make water, with the effect of forcing apart the feebly united surfaces. After a few days' rest sutures were reintroduced, with the view of obtaining healing by granulation. On this

occasion a silver tube was left in the rectum (No. 14 catheter size), and this was found to answer better, and never to become plugged. On the eleventh day, May 26, the sutures were removed, and on the fifteenth the tube; and the bowels were freely relieved by an aperient and enema. The urine was to be drawn off periodically per rectum, and the patient taught to use the catheter herself, if necessary. On June 3, the patient found that her water again dripped from her. The nurse had passed the catheter as usual, and a small opening into the vagina was found, just below the meatus, which appeared to be due to an improper use of the catheter.—*Obstetrical Journal of Great Britain*, Nov. 1976.

THE COLD BATH IN TYPHOID.—Professor See, of Paris, condemns the use of the cold bath so much in vogue in the treatment of typhoid fever. According to his own experience, and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection. Though the use of the cold bath in fevers is not a new remedy, but an old one revived, many physicians, out of despair for something better, gladly availed themselves of it; but soon found, to their cost, or rather to their patients', that it was a most treacherous remedy, at least in the treatment of typhoid fever. It is true that it reduces the high temperature of fevers; but this effect is only temporary, and often the reaction is so great as to raise the temperature higher than it was before the bath. In addition to this, the cold bath in typhoid fever not only increases the tendency to intestinal hemorrhage, but it has been found to produce hæmoptysis and metrorrhagia. M. See suggests that there are other means by which the temperature of the body may be reduced; sponging the body with vinegar and water, cold or tepid, is equally efficacious, and attended with less danger and inconvenience; but quinine, according to him, is *the* remedy, and ought to be more extensively employed than it generally is, as he knows of no agent, except, perhaps, alcohol, that more effectually lowers the abnormal temperature of the body, whether of man or of the lower animals.—*Med. & Surg. Reporter*.

A NOTEWORTHY OPERATION.—Last week, at the Pennsylvania, Hospital, Dr. Levis performed extirpation of the rectum for epithelial cancer. Three inches of the entire diameter of the rectum was removed, including the sphincter and anus. One straight incision was made from the coccyx along the raphe of the perineum, the rectum was dissected from the urethra, prostate and base of the bladder, drawn down and excised. Less than an ounce of blood was lost, and the patient, at last accounts, was doing well.

This is, we believe, the third time this operation

has been performed in America, although Billroth of Vienna, has familiarized it to the German profession. We shall endeavor to present a full history of the case before many weeks.—*Med. & Surg. Reporter*.

TRANSFUSION AT THE LONDON HOSPITAL.—Every one will admire the courage and humanity which Mr. James Adams recently showed in allowing himself to be bled for the transfusion of blood into a patient he was himself attending. The boy under Mr. Adams's care was suffering from hip disease in an advanced stage, with evidence of amyloid degeneration in the viscera, and œdema of the affected limb. It was thought advisable to perform amputation at the hip-joint. Although the boy lost no blood during the operation, he was very prostrate and anæmic, and the pulse became extremely weak and small. As Dr. Roussel happened to be present, demonstrating the action of his new apparatus for transfusion, it was resolved to take advantage of the opportunity thus presented, and to perform transfusion at once. Accordingly, and without completing the operation, Mr. Adams supplied six ounces of blood from his own arm, after which, with his own arm banded, he proceeded to finish the operation. The boy was, for a time, much improved by the transfusion, but unfortunately died two days after. The generosity and kindness of Mr. Adams were the more remarkable considering the cool manner and the readiness with which he submitted to be bled, and considering, moreover, that the boy was not at the time dying from loss of blood, and that therefore the incentive was not so strong as it might have been.—*Med. Press & Circular*.

"IMPORTANT IF TRUE."—An Englishman of some note sends to a Liverpool paper the remarkable statement, that the worst case of small-pox can be cured in three days, simply by the use of cream of tartar. One ounce of cream of tartar dissolved in a pint of water, drank at intervals, when cold, he says, is a certain remedy; it has cured thousands, never leaves a mark, never causes blindness, and avoids tedious lingering. *Ibid.*

A GOOD TONIC:—

R—Quinæ Sulph., grs. xvj.
Tr. Ferri Mur., ʒij.
Spts. Chloroformi, ʒiiss.
Glycerinæ, ʒi.
Aquæ, ad ʒviiij.—M.

Sig.—A tablespoonful three times a day.

RICORD'S INJECTION FOR GONORRHEA:—

R—Zinci sulphatis, grs. viij.
Plumbi acetatis, grs. xvi.
Tinct. opii.
Tinct. cathechu, aa ʒss.
Aquæ destillat, ʒiv.—M.

Sig.—Three injections daily.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Issued Promptly on the First of each Month.

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TORONTO, FEB. 1, 1877.

THE EFFECT OF SMOKING.

The smoking custom of the day and its influence upon the health and longevity of the race, is a matter worthy of the most careful consideration of every thoughtful and intelligent friend of humanity. It has always seemed a little remarkable, with what indifference the medical profession, as a whole regard the smoking and drinking customs of the day, sometimes joining in them themselves—whereas the smallest amount of consideration, or investigation of the effects of tobacco on the human system, must have convinced them of its seriously detrimental character. It is high time that the attention of the profession should be called to the baneful, and disease producing effects of tobacco. In every city, town, village, and hamlet in Canada, and the United States, tobacco smokers are found, and the most alarming part of the vice is the fact, that in fashionable circles, especially among the *beau monde*, the habit of smoking cigarettes, highly flavoured, is becoming exceedingly common among females. This matter is the more serious when it effects the future fathers and mothers of our race, in the face of its direful effects upon the offspring.

In this connection, while nearly every eminent physician, or surgeon from Abernethy and Sir Astley Cooper down, have uttered strong language against its use, from the fact that it has been productive of some of the most serious and fatal diseases of the system, Dr. Paddock, in the *London Lancet*, thus speaks of its disastrous influence upon posterity. "In no instance is the sin of the father more strikingly visited upon the children, than in the sin of tobacco smoking. The enervation, the hypochondriasis, the hysteria, the insanity, the dwarfish deformity, the consumption, the

suffering lives, and early deaths of the children of inveterate smokers, bear ample testimony to the feebleness and unsoundness of the constitution, transmitted by this pernicious habit. Dr. Munroe includes dyspepsia, disease of the liver, congestion of the brain, paralysis of the motor nerves, blindness, nervousness, and insanity in the category; while cancerous sores of the lips, mouth and tongue, syphilitic affections of the throat and lips, insanity and idiocy, loss of mental vigor, general feebleness of mind and body, are results only met with but too frequently.

Dr. Kilbride, of the Pennsylvania Hospital, reports four cases of insanity from its use; and eight cases were reported in the Mass. State Hospital, for 1845—whereas the extreme nervousness, restlessness, the confirmed dyspepsia, the paralysis, the defective vision, and even amaurosis resulting from its use, and which have been directly traced to its cause, are truly appalling.

On this matter Mr. Solly, surgeon to St. Thomas' Hospital, London, wrote:—"I know of no single vice, which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at first to render it more irritable and feeble in the end. I believe the cases of general paralysis in England to be more frequent than formerly, and I suspect smoking tobacco to be one of the causes of that increase." The essay on the use and abuse of tobacco, by John Lizars, Edinburgh, should be read by every medical man who does not wish to be behind the age of medical thought.

Its depressing effects upon the recuperative power of nature, are seen to so great an extent in hospital practice, that it has come to be a proverb, that "it is scarcely possible to cure either syphilis, or gonorrhoea, if the patient continue to indulge in smoking tobacco." Among the constitutional effects following the use of tobacco may be enumerated the following, to which we refer *en passant* merely to show the unthinking and the *debauchee*, that the use of tobacco cannot be indulged in, without risk of fearful evil consequences.

Among the numerous and varied effects, are giddiness, nausea, vomiting, dyspepsia, heartburn, vitiated taste of the mouth, loose bowels, diseased liver, distorted vision, headache, diseased brain and spinal cord, congestion of the brain, apoplexy, palsy, mania, loss of memory, amaurosis, deafness,

nervousness, emasculation, timidity, and cowardice. The mere mention of the ill effects of this vice should be sufficient to enlist the sympathies of the profession against it. The abandonment of smoking has frequently cured cases of amaurosis.

We hope and trust that the daily evidence of its ill effects, even changing the smoker in both bodily and mental faculties, will not be disregarded any longer; but that the influence of the profession will be given against the use of tobacco, and thus another important duty to society will have been performed, and another step will have been gained in the onward march of social and sanitary improvement.

Dr. Lizars on page 19, gives the following as his conclusions:—"It is evident that had mankind never indulged in stimulants, or narcotics, they would have been earlier advanced in civilization, humanity and morality—would have had stronger physical, and higher mental powers. He who smokes and drinks has his mind stupified, like the opium eater, or the wine-bibber, or the brandy, whisky, or ale drinker;" all of which we heartily endorse. A study of the history of such men as Franklin, the Duke of Wellington, the Great Napoleon, &c., would do much to dispel the delusion of using tobacco from the minds of the rising generation.

FREE DISPENSARIES.

We would not for a moment attempt to depreciate the charitable principle, of disinterestedly bestowing medicine and advice to the sick poor, in our cities in the Dominion, more particularly at the present time of universal business stagnation, and consequent difficulty in obtaining employment. We desire only to offer a word of caution, to prevent the abuse of such institutions in the future, otherwise the profession may have reason to complain of the degree to which their practice may in this manner be curtailed. The present hospital and dispensary system, is an injustice to medical men, and injurious to a spirit of independence in the sick. To ascertain the best means of contributing to the recovery of the sick poor, is the duty of every medical man, and if it can be done without any sacrifice of their self-dependence, the means of doing so become highly interesting to the phil-

anthropist, for these difficulties frequently recurring, paralyze all the efforts of the best disposed labourer, or mechanic, to provide for his family, and produce habits of carelessness, and dependency continually operating to his disadvantage. Experience proves that the debasement of the honest and industrious poor, frequently begins with sickness. To guard, as far as possible against this we would advocate self-supporting dispensaries, to be provided for by two funds; honorary and ordinary; the first derived from the subscriptions of the benevolent, the second from a weekly payment of a small sum from each adult, and a still smaller from each child, when there are more than two in the family. These funds would,—when the aim and object of the institution were understood—suffice for defraying all expenses of house rent, medicine, &c., &c. A committee should investigate the condition of each person, or head of a family, desirous of becoming an *ordinary subscriber*, and exclude all persons who are able to procure medicine and medical attendance. Now suppose an industrious mechanic, or labourer, who has a wife and five children, pays for his family, a quarter-dollar a week, he can obtain the best medical advice and medicine for seven of a family for thirteen dollars a year, and would not need to incur a large doctor's bill, which he might not be able to pay after a long illness. He would also be freed from the necessity of applying to druggists and quacks, who being ignorant of medical knowledge must often seriously injure his constitution, perhaps render him weak and infirm for life, and sometime cause his death. If a large number entered themselves on the books, the sum might be reduced to a yolk-shilling a week. Thus by the payment of a trifling sum, that at the time he would never miss, he secures for his family the best medical advice, and by his own provision and foresight, a laudable and honourable independence. There would in this way be some check upon the indiscriminate medical charity so frequently misplaced. The profession also would be benefitted, as there is little doubt, that the present hospital and dispensary system is often injurious to them, by the indiscriminate treatment of patients who are not objects of charity.

DR. GRAINGER STEWART has been elected to the Chair of Medicine in the University of Edinburgh, formerly held by the late Prof. Hughes Bennett.

UNIVERSITY AFFILIATION.

The cancelling of the existing affiliations of the different medical schools in Ontario with the Toronto University, is a matter of the deepest interest to the friends of education in the Province. The reason given for this step, as set forth in the report of the Senate, is that since 1854 the medical schools then affiliated with the Toronto University, with one exception have become connected with other Universities. This however so far as the medical colleges in Ontario are concerned is not true. Of these medical schools, three were at the time of their affiliation, and have been ever since in connection with other Universities, and until now no objection has been urged against them on that ground. So far as Trinity College Medical School is concerned, no change whatever has taken place, since its affiliation in 1854 with the Toronto University. On the other hand the Toronto School of Medicine, whose members have been instrumental in securing the dis-affiliation of the schools, chameleon-like, has changed its relation several times. In its early history it was connected with Victoria University, afterwards it sent many of its students to the old Government Board for the license; next it granted certificates of qualification to practice to certain of its students who never went to any University for degrees, nor even to the Board. Lately it has returned to its first love, and for the past two years has been advertised in the calendar of Victoria University as its Medical Department—yet, notwithstanding all this, the Toronto School of Medicine claims to have been the great feeder of the Toronto University, and therefore entitled to special privileges. Great pains are also taken to show how many students from this school have taken degrees in the Toronto University, and how few from the other schools. No reference is made however to the numbers who passed the old Government Board, of which this staff constituted the principal members, nor is it stated how many received certificates of qualification to practice medicine at its own hands, nor how many of its students graduated at Victoria College during the past two years. It is quite true as has been stated, that until within the past two or three years, only a few students, from the affiliated medical schools connected with other Universities, presented themselves at the Toronto University. But the reason for this

is not far to seek. For years, the examining board of the Toronto University was largely constituted from the staff of the Toronto School of Medicine, and in consequence, students from rival schools, felt, to say the least, that they would be placed at a great disadvantage in competing against those who were being examined by their own teachers, and that their chances of winning honors or medals would be small indeed. Under such circumstances is it to be wondered at, that only a few students had the temerity to offer themselves against such odds? Happily of late years, from the force of public opinion, the complexion of the examining board has been materially altered, although still open to improvement, and the consequence is, that partly owing to this much improved state of matters, and partly to the growing popularity of the Provincial University, students from rival schools, principally from Trinity, are flocking in, much to the discomfiture of those who would like to have all the *honors* of the University to themselves. Hence these tears, and the piteous appeal to the government to cancel the affiliations, stop the influx of rival students to the University, and prevent all competition. It is useless however in this enlightened age to hope for any degree of success in such a line of policy. The honors and scholarships of the Toronto University are Provincial in their character and must not be monopolized by any oneschool or class, but open alike to all, without respect to name or relation, so long as the curriculum laid down by the University is complied with. In 1860, Vice-chancellor Langton stated before a select committee of the Parliament of Canada, appointed to enquire into the position and management of the Toronto University, "that he entirely concurred in the general principle of the University of London, *that students, wherever educated, should have the same facilities for obtaining scholastic honors*,—the principle on which our University was constituted, and which has been fully acted on by the senate." He also said he should wish to see the smaller colleges, and did not yet despair of seeing them, sending their fair quota to the examinations of the Provincial University, and sharing in the honors and scholarships which it has provided: yet, in 1875 and '76, when these hopes were about to be realized, by the Trinity college medical students going up to the University in yearly increasing numbers, it was, under an entirely opposite and illiberal policy, most

unwarrantably resolved to dis-affiliate all colleges, and make the conditions of re-affiliation as narrow and exclusive as possible. The Hon. Justice Morrison, then chancellor of the Toronto University, in the course of his address at the convocation held in June, 1874, said, "that this was a National Institution, open to all upon equal terms, and that the authorities of Toronto University desired young men from every University and from all the colleges in every part of the Dominion to enter it. He was glad, he said, to have had presented to him on that occasion, a gentleman from the Maritime Provinces, and also one from Manitoba. He was also glad to have a gentleman from Trinity College taking a gold medal." What a contrast between this broad and liberal policy, and the narrow exclusive one of the Senate of to-day. We have no fear, however, for the result; the press, the legislature and the people of the country will never permit any such illiberal policy to be carried into effect.

AMENDMENTS TO THE ONTARIO MEDICAL ACT.

A Bill to amend the Ontario Medical Act has been introduced into the Local Legislature, by Mr. Wills, member for Hastings. The amendment reads as follows:—"Any person holding a Medical or Surgical diploma, granted by any school of medicine now organized, or which may be hereafter organized, in connection with any recognized Canadian University or College which is empowered by law to grant Medical or Surgical diplomas, and who is also registered in the Medical Register of Great Britain, or who (holding such diploma as aforesaid), is also otherwise authorized to practice physic, surgery, or midwifery in the United Kingdom of Great Britain and Ireland, shall, upon payment of the like fee as is payable by other persons seeking registration under this act, and upon such proof of his said qualifications as the said council may require, be entitled to registration under this act."

It is almost unnecessary for us to say that our sympathies are entirely with the promoters of this Bill, and we shall give them our warmest support in carrying it through. When the Ontario Medical Act was before the private bills committee of the Legislature in 1874, we succeeded in securing the

insertion of a permissive clause in it to the same effect, but it has remained a dead letter ever since, the council having again and again refused to exercise the option. The matter will now come before the house in a definite shape, and if passed—which we do not doubt for one moment—the council will be compelled to register without further examination every Canadian graduate in medicine who, subsequent to his graduation, becomes qualified to practice in Great Britain.

Several petitions have been presented from Municipal Councils, with regard to some modification of the clause regarding the admission of women to the practice of midwifery, but no Bill has been introduced. Mr. Wills' Bill is the only one before the House.

A GRATUITOUS INSULT TO THE MEDICAL PROFESSION IN CANADA.

We are informed that Sir Hugh Allan has been notified through the English agents of the "Allan Line of Steamers," by the Imperial Board of Trade, that in future the Company's vessels will not be allowed to clear at the Custom House, unless the surgeons on board are graduates of some of the colleges of Great Britain. In other words Colonial degrees in medicine will not be recognized by the London Board of Trade. What has led to this gross injustice, we are unable to say. Sir Hugh Allan states in his letter to the Government and to certain of the Medical Colleges in Canada, "that he has employed Canadian surgeons on his vessels as well as English ones, and the result of his experience has been that the Canadian surgeons are quite equal, both in professional acquirements and gentlemanly bearing, to those they receive from the colleges of England, and that he does not feel disposed to submit to this requirement." Individual cases of incompetency may occasionally be found, but that is no reason why a charge should be brought against a class of educated men, either here or in England. We are not willing to admit however, that the average Canadian student is open to any charge of this kind. Those students who have gone to London and Edinburgh to pass their examinations, have distinguished themselves in a special manner, and have shown that their medical education in Canada

has been sufficiently thorough to stand the test of a most severe and searching examination, not only in the theoretical, but also in the practical branches of their profession. This is shown in the small number of Canadians that are rejected at the examinations, compared with the number of students rejected from the British colleges and teaching bodies. A late issue of the *British Med. Journal*, contains a statement of the number of rejected candidates from the different schools, British and Colonial, from which we take the following;— St. Bartholomew's 1 in 3.94; Guy's 1 in 3.18; University College 1 in 2.34; St. Thomas' 1 in 2.61; King's College 1 in 3.26; London College 1 in 1.70; Canadians, *only* 1 in 8.50.

Thus it will be seen, that the teaching in Canada will compare favourably with that of Great Britain. The functionaries of the Board of Trade cannot have enquired fully into this matter, but appear to have acted on the statements of certain jealous, disappointed, or interested parties, and so have allowed themselves to be drawn into passing a regulation, which is at once an insult and an injustice to the medical profession in Canada. Sir Hugh Allan prefers Canadians, and we are not at all surprised that this should be the case. The British surgeons who take this position on board vessels, are not generally speaking, recruited from the best class of students, while those who go from Canada on the other hand, are in many instances, those who are about to proceed to further honors in the British colleges, and are from among the most industrious and meritorious students. Sir Hugh has brought this matter under the notice of the Dominion Government, and we trust that such action will be taken, as will remove all color for the implication that Canadian medical men are not fit for the position of medical officers on board ocean steamers.

TORONTO EYE AND EAR INFIRMARY.

The 9th Annual Report of the Toronto Eye and Ear Infirmary is before us. In the report the Directors call attention again to the fact, that the Infirmary is Provincial in character, and as such has claims upon the Government for aid. Out of a total of 436 intern patients treated in the infirmary, since its opening in 1870, only 76 were from

Toronto, the remaining 360 being either immigrants, or persons from different parts of the Province, and that for every dollar spent on a Toronto patient, over five dollars are spent on patients from the country. The surgeon's report states that the total number of cases treated during the year were 442,—96 intern, and 346 extern; of these, 354 were eye cases and 88 ear cases. The following shows the result of treatment. Eye cases cured, 128; improved 120; relieved 17; incurable 3; result not known 13; left 53; attending 20. Ear cases cured, 10; improved 36; relieved 3; result not known 8; incurable 8; left 15; attending 8.

Patients from any part of the Province can be admitted into the Infirmary on payment of \$3 per week. There is no charge for medicine or medical treatment. Municipalities sending patients, are required to guarantee \$15, or the price of 5 weeks board, and should the whole amount not be required, a proportionate sum will be returned.

TORONTO GENERAL HOSPITAL.

We have just received a report of the Toronto General Hospital, for the past year, ending Sept., 1876. It shows a most satisfactory state of affairs. The total receipts for the year were \$53,287.06, and the expenditure \$51,949.58, leaving a balance at credit of \$1,237.46. This with improved revenue, will enable the trustees to make reductions, and to extend the number of free beds—at present only 25. After the 1st inst., the charges for maintenance will be reduced from 50 to 40cts per diem, and the number of free beds increased to 50. The number of patients in the Hospital, Jan. 1st, 1876, 162; admitted during the year 811; total 973; discharged, or died 818; number remaining in Hospital Jan. 1st, 1877, 155. The trustees are to be congratulated on the present position of the hospital. They are out of debt for the first time in many years. This is due in great measure to the exertions of the late Mr. Ross, together with the valuable aid and assistance of the resident physician Dr. O'Reilly, the lady superintendent and other officers, who have all been very active and zealous in the discharge of their respective duties.

THE QUEBEC MEDICAL BILL.—In another column will be found a letter from Dr. Campbell, of Montreal, in reference to an article on this subject in our last issue. We may say that our information was obtained from the most reliable sources, some of it from the scene of action—the ancient Capital itself—and expressed fairly the opinion of the profession outside the schools. Many members of the profession and even the members of the Legislature were amused at the readiness with which every essential point was yielded. It was said, that there was no apparent evidence of very great earnestness on the part of the school men for the establishment of a Central Examining Board from the beginning to the end of the controversy. So much so did this appear, that when a compromise was proposed striking at the root of the changes sought, no great surprise nor disappointment was felt, “Not that they loved the profession less, but that they loved their schools more.” We are not unwilling to accord to Dr. Campbell and his co-delegates all credit due for good intentions, but, at the same time, to the outside profession it does appear somewhat strange that the representatives of *three schools*, should have been overpowered by the representative of *one*. It is evident that either the representative of the single school possessed three times the influence of the others, or three times their earnestness, or both. It is a serious state of matters, if any one institution in a free country like this, can so obstruct legislation as to interfere with the onward progress of scientific education, and it is high time such an institution should be made to feel that it stands in a false position, and that its efforts to place obstacles in the way will end only in ignominious failure.

THE LACTOMETER AS A TEST OF THE QUALITY OF MILK.—Considerable interest has been manifested in a trial which took place in New York lately, in which a milkman named Schrumph was indicted for selling adulterated milk. Prof. Dorémus was one of the witnesses for the defence. His evidence went to show that the lactometer was not a proper indicator of the value of milk, because it registered a higher quality when applied to skim milk than when immersed in milk that was rich and creamy. He said there were two substances which diminished the sp. gr. of

milk, cream and water; it was impossible to discover with the lactometer which of the two lightened the milk. He also cited various authorities in support of his opinion that the lactometer was not a reliable test. It is generally stated that any milk that is below 1.029 may be regarded as containing excessive water. It was shown however by two witnesses that pure milk was frequently obtained from cows below 1.029, and that it might vary from .94 to 1.09. The substances which would increase the specific gravity of the milk were the presence of casein, sugar and salt. It appears, therefore, that the only correct way of testing milk is by making a thorough analysis of it.

TRINITY MEDICAL COLLEGE.—The Bill for the incorporation of the above medical school, has passed the Private Bills Committee, and will come up for the third reading in a few days. An effort was made by certain members of the Senate of Toronto University, interested in the Toronto School of Medicine, to modify one of the clauses, so as to prevent the school from becoming affiliated with more than one University, but it failed. The Committee took the broad and liberal view that the school should be so affiliated as to enable its students to go before any University or Universities in the Province for their degrees in medicine.

TREATMENT OF UMBILICAL HERNIA IN CHILDREN.—In order to avoid the inconveniences of bandages with buttons etc., so difficult to retain *in situ*, the following plan may be adopted. A strong piece of adhesive plaster, four inches square (the common strengthening plaster spread on chamois will answer very well) is warmed and applied over the seat of hernia; some solid substance as a cent piece, or circular piece of zinc or wood of the size and shape of the hernia is then placed directly over it, and retained by a second piece of plaster; the solid substance may be made convex like an ordinary hernia pad if necessary. This appliance will remain adherent, and may be worn for several weeks.

TR. IODINE INJECTION IN ASCITES.—In another column will be found an article on this plan of treating ascites. It is not altogether new to the profession, but the success which attended these two cases would seem to justify further trial of this method. It is occasionally successful in the treatment of ovarian cysts.

DEATH IN THE POT.—A paper lately read before the Society of Public Analysts in Glasgow, cites experiments which go to show that the enamelled lining of iron pots is sometimes acted on by acids, acid fruits, salt, and other substances used in cooking, in such a way that large quantities of arsenic are dissolved and mingled with the food. Enamel taken from these pots made by as many different manufacturers showed that all contained arsenic, two contained lead, and in the case of the third pot, a one per cent solution of citric acid—a weak fruit acid—which was boiled in it, roughened and destroyed the enamel at once, dissolving enough lead to give a dense black precipitate with hydrosulphuric acid. The fact that all the enamels are highly basic, or in other words, have a great affinity for acids, render them peculiarly susceptible to the action of even feebly acid solutions, and consequently wholly unfit for use in cooking food.

FORMATION OF EPIDERMIS BY THE TRANSPLANTING OF HAIRS.—Dr. Schweininger reports (*Boston Medical and Surgical Journal*, June 1st, 1876,) successful results in inducing cicatrization by transplanting to granulating surfaces, hair pulled out by the roots. Placed upon ulcers, they formed as many centres of new epithelial growth, which spread outwards, coalesced, and produced rapid and complete cicatrization.

SCHOOL HYGIENE.—The Medico-Legal Society of New York, adopted recommendations of their Committee on School Hygiene as follows:—That the minimum age of admission to public schools be six years, instead of four; that the maximum attendance at school for children under eight years of age be made three hours per day, with suitable intermission; that provision be made by law for medical inspection and supervision of schools, for the enforcement of sanitary laws; that large play-grounds should be furnished for the children; and that the schools should be built where adequate space is to be had to ensure light, ventilation, and play ground.

PRESENTATION.—Dr. Payne was on the 8th ult., presented with a gold watch, by the Medical Society of London, Ont., of which he has been secretary for the past three years. This was a well-merited compliment to the faithful and indefatigable secretary.

WHO FIRST USED ANÆSTHETICS?—As many suppose that Sir James Y. Simpson, Bart., who discovered chloroform almost simultaneously with another, and who gave it to the profession, was the first to use anæsthetics, we give the following from an Exchange, which, with much more that might be said upon the subject, will tend to dispel that delusion.

“A valuable manuscript by Denis Papin, the French Physician, who first applied steam to raise a piston, has been acquired by the Paris National Library. The M.S. is dated 1681; it treats of painless surgical operations, and discusses the different anæsthetics in use two centuries since. It was given by Papin, to a German Doctor, and from him descended to a clergyman, whose heirs have sold it to the Library.”

SOLUTION OF SALT IN BURNS.—The use of a solution of salt in cold water to burnt surfaces, has recently found favor with some members of the profession. A case is reported in which the effects were, immediate relief of suffering and rapid recovery.

SCARLATINAL DROPSY.—Dr. S. D. Bell (*Trans. Med. Soc. Penn.*) claims great success in the treatment of this complication, by the use of a decoction of scoparius, prepared by boiling half an ounce of the tops in a pint and half of water down to one pint. Dose, a tablespoonful to a wineglassful every four or six hours.

HOW THEY PULL CHILDREN'S TEETH IN PARIS.—In the children's hospital in Paris the nurse goes round at eight A.M. and gives each child under sentence from thirty to fifty grains chloral hydrate. The dentist follows in an hour, and the child wakes up an hour or two afterwards and wonders what has become of its tooth.

TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS.—Subscriptions for the forthcoming volume of Transactions of the International Medical Congress are now being received. As but a limited edition will be printed, gentlemen who wish to obtain copies are requested to forward their names, with the amount of subscription (\$6 per copy in advance), to the Treasurer, Dr. Caspar Wister, 1303 Arch St., Philadelphia. The price of the volume will be raised upon the day of publication.

Books and Pamphlets.

PRINCIPLES OF HUMAN PHYSIOLOGY, by W. B. Carpenter, M.D., F.R.S., University of London. Edited by H. Power, M.D., F.R.C.S. New American from the 8th English edition, with notes and additions by F. G. Smith, M.D., University of Pennsylvania. Philadelphia: H. C. Lea. Toronto: Willing and Williamson.

The present volume is a new and improved edition of this old and once popular work on Physiology, and contains the principal result of modern physiological investigations. Many new illustrations have been added, and old ones omitted, there being now about four hundred. It will be found an excellent standard work of reference for the advanced student, and of great value to the general practitioner. Great pains have been bestowed on the work, in order to make it a complete guide in the study of this interesting science, and as a whole it will occupy an important place among physiological text books. It is supplied with a copious index which will greatly facilitate its use as a work of reference.

CONTRIBUTIONS TO REPARATIVE SURGERY, by Gordon Buck, M.D.; New York: D. Appleton & Co. Toronto: Hart and Rawlinson.

In this work we have the author's experience in the treatment of deformities, accidental and congenital. It is well illustrated by engravings from photographs of the patients before and after operation. The author gives the details of twenty-nine cases, in which plastic operations of different kinds were performed, chiefly about the neck and face, in all of which the results have been very satisfactory. In the transplantation of skin three methods are described, viz.: by approximation, by sliding, and by transfer from one part to another. The work will be especially interesting to surgeons.

THE "ANATOMIST."—We have received a well-executed copper plate engraving called "The Anatomist," published by R. Berendsohn, 48 and 50 Nassau St., New York. The engraving is possessed of a good deal of merit. It is from a painting on exhibition in the Art Gallery at the Centennial exhibition which attracted considerable attention. It is a very suitable picture for a Doctor's office. Price on white paper, \$1.00 on tinted paper, \$1.25.

CANADA LANCET AND BRAITHWAITE.—Any one remitting \$5 will receive *credit* for one year's subscription for the CANADA LANCET, and Braithwaite's Retrospect for the current year, January and July.

APPOINTMENTS.—James P. Rutherford, M.D., of Harwich, to be an Associate Coroner for the County of Kent.

William Watson, of Weston, and Hiram R. Spooner, M.D., of Sutton, to be Associate Coroners in and for the county of York.

Dr. Bucke, formerly of the Hamilton Asylum, has been appointed medical superintendent of the London Lunatic Asylum, in the room of Dr. Lander, deceased, and Dr. Wallace of the Orillia Asylum, has been transferred to Hamilton. Dr. Beaton, of Stayner, has been appointed to the Orillia Asylum.

G. E. Richardson, M.D., of Blenheim, to be an Associate Coroner, for the county of Kent.

H. G. Lackner, M.D., of Berlin, to be an Associate Coroner, for the county of Waterloo.

Births, Marriages, and Deaths.

On the 13th ult., at Waterdown, the wife of Wm. Philp, M.D., of a son.

In Montreal, on the 15th ult., the wife of W. H. Hingston, Esq., M.D., of a son.

On the 11th ult., W. J. Lewis, M.D., to Miss Melissa, only daughter of R. E. Steeves, Esq., of Hillsborough, N.B.

At London, on the 16th ult., Henry Lander, M.D., &c., Medical Superintendent of the London Lunatic Asylum, in the 62nd year of his age.

Dr. Lander was formerly Medical Superintendent of the Malden Asylum, having been appointed to that position about 8 years ago. His management of affairs was very successful. His health had been failing for some time past, and he felt that he would not survive the winter.

In Montreal, on the 3rd ult., Edward K. Patton, M.D., &c., suddenly of pneumonia.

On the 17th ult., Dr. George M. Johnston, of Pictou, N.S.

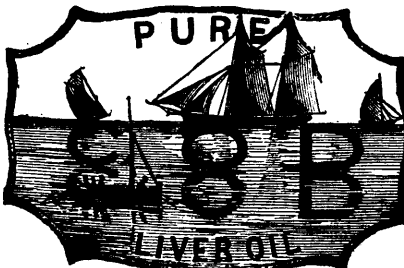
In Toronto, on the 25th ult., DR. HORNBY, in the 68th year of his age.

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

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

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



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

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

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference. Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

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

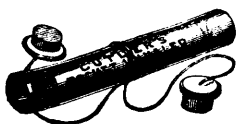
The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

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

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

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Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

"On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

Always ready, no danger of breaking or spilling, besides being as safe and efficient in the hands of the novice as the adept. Made of Hard Rubber, it may be carried about the person as handily as a pencil case, and used regardless of time or place. Patented in the United States, England and Canada. Over 50,000 now in use in this country.

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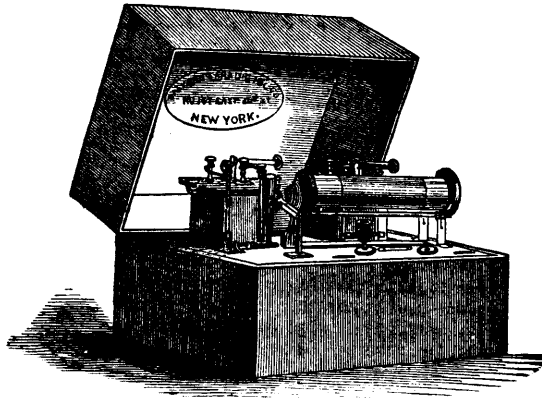
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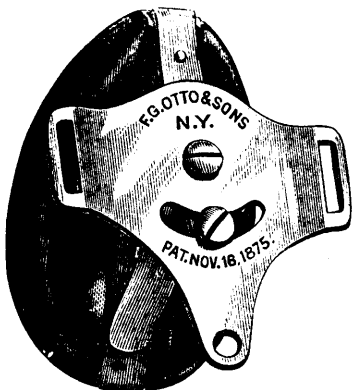
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THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March 1877.

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JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VANBUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynaecology.
WILLIAM M. POLK, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
PLPHEUS S. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
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EDWARD G. JANEWAY, M.D., Professor of Practical Anatomy. (Demonstrator of Anatomy.)
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.
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The Spring Session will consist chiefly of Recitations from Text Books. This term continues from the first of March to the first of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

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Graduation Fee.....	30 00

Fees for the Spring Session.

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

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

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