Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE

CANADA LANCET.

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

Vol. VIII No. 11. | TORONTO, JULY 1, 1876. | Price 30 Cents. $3 per Annum

CONTENTS.—(Index next page.)

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*, Quinia, Quinidia, 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."

C. GILBERT WHEELER, Professor of Chemistry.

"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.

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinine; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

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

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

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

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

Middleburg, Pa., April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store. I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used *very* frequently your CINCHO-QUININE in place of Quinine, and I have *never* been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.

Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years or nearly, in my practice, and I have found it reliable, and *all* I think that you claim for it. For children and those of irritable stomachs, as well as those too easily *quininized* by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate.

G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D, Dallas, Texas.

INDEX TO CONTENTS.

* * * * * Sugar Coated Pills are more soluble than Gelatine or Compressed Pills.—*Prof. Remington's paper read before American Pharmaceutical Association, Boston,* 1875.

WARNER & CO'S
PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This *method of preparing Phosphorus has been discovered and brought to* PERFECTION *by us*, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, to Berlin, Dr. Eames, (in the *Dublin Journal*,) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

☞PILLS SENT BY MAIL ON RECEIPT OF LIST OF PRICES.☜

	Price per 100.
Pil Phosphori, 1-100 gr. in each,	$1 00
Pil Phosphori, 1-50 " "	1 00
Pil Phosphori, 1-25 " "	1 00
Pil Phosphori Comp. Phosphorus, 1-100 gr. Ext. Nuc. Vomicæ, ¼ gr.	2 00
Pil Phosphori et Nucis Vomicæ, Phosphorus, 1-50 gr. Ext. Nuc. Vomicæ, ¼ gr.	2 00
Pil Phosphori, et Ferri et Nuc. Vom. Phosphorus, 1-100 gr. Ferri Charb. (Vallet) 1 gr. Ext. Nuc. Vom., ¼ gr.	2 00
Pil Phosphori, et Ferri et Quiniæ, Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr,	2 90
Pil Phosphori et Ferri et Nuc. Vom. et Quiniæ, Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., ¼ gr. Quinia Sulph., 1 gr.	2 90

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO., Manufacturing Chemists,

No. 1228 Market St., Philadelphia.

Warner & Co's. Standard Preparations for sale by

ELLIOT & CO., Wholesale Druggists,

TORONTO, CANADA.

HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS.

Ninety-Third Annual Announcement, 1876-77.

FACULTY OF MEDICINE:

CHARLES W. ELIOT, LL.D., President.
CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.
JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.
OLIVER W. HOLMES, M.D., Professor of Anatomy.
HENRY J. BIGELOW, M.D., Professor of Surgery.
JOHN E. TYLER, M.D., Professor of Mental Diseases.
CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics and Medical Jurisprudence.
FRANCIS MINOT, M.D., Hersey Professor of the Theory and Practice of Medicine.
JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.
HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.
DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.
JAMES C. WHITE, M.D., Professor of Dermatology.
ROBERT T. EDES, M.D., Prof. of Materia Medica.
HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology,
CHARLES B. PORTER, M.D., Demonstrator of Anatomy, and Instructor in Surgery.
FREDERIC I. KNIGHT, M.D., Instructor in Percussion, Auscultation and Laryngoscopy.
J. COLLINS WARREN, M.D., Instructor in Surgery.
REGINALD H. FITZ, M.D., Assistant Professor of Pathological Anatomy.
WILLIAM L. RICHARDSON, M.D., Instructor in Clinical Obstetrics.
THOMAS DWIGHT, JR., M.D., Instructor in Histology.
EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.
HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
WILLIAM B. HILLS, M.D., Instructor in Chemistry.

Other Instructors:

GEORGE H. F. MARKOE, Instructor in Materia Medica.
FRANK W. DRAPER, M.D., Lecturer on Hygiene.

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTION:

FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, JR., M.D., in Syphilis.
JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.
JAMES R. CHADWICK, M.D., and WILLIAM H. BAKER, M.D., in Diseases of Women.
CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.
SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.* Instruction is now given by lectures, recitations, clinical teachings and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877; it is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.

For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery and Clinical Surgery.

For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology and general Chemistry.
" " secondyear—Medical Chemistry, Materia Medica, and Pathological Anatomy.
" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Pyschological Medicine, Electro-therapeutics, Gynæcology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, $5; for the Year, $200; for one Term alone, $120; for Graduation, $30; for Graduates, Course, the fee for one year is $200, for one Term, $120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and racitatiious in any other department without paying additional fees.

For further information, or Catalogue, address

DR. R. H. FITZ, *Secretary*, 108 Boylston, Street, Boston, Mass.

* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, JULY 1ST, 1876. NO. 11.

Original Communications.

ADDRESS AT THE JUNE MEETING OF THE BATHURST AND RIDEAU MEDICAL ASSOCIATION, PERTH.

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

GENTLEMEN,—Five months have now elapsed since our meeting at Ottawa City. During that time the active intellectual capacity of the "working men" of our noble profession has been occupied and the results of honorable labor scattered broadcast throughout our British, American and Canadian publications. Doubtless the new material of thought has already been before you and has received timely consideration. To-day I shall briefly occupy your time by adverting to some facts medical and surgical, more as a refresher in the midst of our professional duties, and at the same time to elicit the observation and experience of those members of this Division equally interested in the promotion of scientific professional work. "Bleeding," within the last twenty years in the treatment of acute inflammatory diseases, has undergone marked modifications, some of which are of doubtful character. The day was when the lancet was used too indiscriminately, and in many instances the injurious results, no doubt, led to the almost entire suspension of one great means of arresting the progress of inflammatory action. It is a well known fact, at present, on both sides of the Atlantic, that the mortality from pleuro-pneumonia, peritonitis and other inflammatory attacks of vital organs is very considerable in previously robust and vigorous subjects. In England so much has this been the case that bleeding even in the first stages of acute diseases, condemned in hospital and private practice, is now being justly and ably reconsidered, by master minds in pathology and physiology. The address of Sir James Paget, before the meeting of the British Medical Association in 1874, at Norwich, is pregnant with valuable practical observation, in which he places considerable stress on the importance of bleeding, when adopted under the guidance of sound medical intelligence. Again we have the published papers of Dr. Richardson, F.R.S., on the same subject in which he adduces cogent facts to substantiate the benefit and advantage of bleeding in many acute diseases. In 1856, Professor Alinson wrote in the Edinburgh Medical Journal, that our advanced knowledge of diagnosis and pathology had little to do with the great revolution in treatment, but that the "human constitution" was fundamentally altered, and that medical men were as right in bleeding twenty years before his day as they are correct now in not having recourse to the "lancet." Stokes of Dublin has since expressed the same idea in modified terms. Cullen and Gregory have been ridiculed by their successors from their supposed want of a knowledge of the true physiology and pathology of the great inflammatory process. Their ideas, however crude and rudimentary as they were, had at their base some strong principles of common sense. In 1840, Sir Henry Holland stated that "current opinions and prejudices were wholly on the side of bleeding," and that a physician needs all his firmness to decline the practice. To-day we are aware of the fact that bleeding is considered *not fashionable.* Dr. Bennet, of Edinburgh, who, prior to his demise, deprecated the practice of large bleedings, admitted that moderate bleeding may be useful in palliating certain symptoms particularly in the treatment of *uterine affections.* Tilt, in his "Uterine Therapeutics" refers, particularly to the benefit of moderate bleeding in plethoric patients when the uterine function is associated with pelvic pains and well-defined dysmenorrhœa. His experience points to bleeding in such cases a few days prior to the "Catamenia." Dr. G. Bedford also favors bleeding in certain diseases of menstruation. With the advanced medical education of the present, and the various means at our disposal for the diagnosis of disease, would we not likely fall into the error of bleeding the chlorotic and nervous, and how necessary is caution in this small operation, when we recognize the fact that *plethora* may exist with apparent weakness and be greatly relieved by bleeding. We have all seen and treated acute

cases of pneumonic disease, during our Canadian winters. For many years I adhered to the observations of the late Dr. Bennet and others, but circumstances have caused me to change my ideas somewhat and have recourse to the lancet. My notes of several cases of acute pulmonary congestion point to marked benefit from early bleeding, and I am satisfied that there are few cases of acute local congestion, in robust subjects, in which bleeding if adopted sufficiently early, will not be productive of beneficial results, tending towards the suspension of excessive vascular action and the prevention of tissue disorganization. Sir Thomas Watson, (May 1875, *Med. Times*) writes: "The complete disuse (of bleeding) was in his judgment a more serious mistake than over use had been." Under these circumstances it would be well in our medical district, to observe as closely as possible and report upon the present influence of *bleeding in acute diseases.*

Of the various diseases which come under our notice in this part of Canada, "Rheumatism" is not by any means the least uncommon. The sudden transition from summer to winter, and the want of proper care in keeping up the normal temperature of the body, by warm flannel clothing, add greatly to the frequency of such attacks. In addition to these causes I have frequently observed both in hospital and private practice, that the excessive use of spirituous liquors, was a prolific source of this disease, in its various forms. According to the recognized pathology of rheumatism there is a certain constitutional state dependent on deranged digestion, during which, exciting causes, occasion local effects, and thus a *disturbed balance* is brought about, between the excess of lithic acid and the power of excretion by the skin. Although the generally accepted idea of the pathology of rheumatism points towards a blood disease, there does appear to be difficulty in defining the precise manifestations of a well defined acute attack, where in addition to the usual constitutional symptoms, *there is local pain, heat, redness* and swelling. Professor Bennet of Edinburgh after most careful observation came to the conclusion (*vide Clinical Med.*) that the real pathology of acute rheumatism has yet to be determined, and as a preliminary step, a careful histological examination of the affected tissues, was absolutely necessary Rheumatic poison has a most singular predilection for three textures of the body; two of which are chiefly involved in locomotion, and the other the important covering to the most vital part of the entire system. Again, fibrous, serous and even muscular tissues are, under a normal state of the system, nourished, supported and repaired, in proportion to their structural peculiarities. Thus have I endeavoured to account for the difficulty experienced in this disease, around the joints. In the laboratory of the human system, the chemical changes are varied and remarkable and during abnormal inflammatory action, how greatly in such structures must the process of vital activity be retarded, delayed, and complicated. During the last half century, no disease has called forth for its relief a greater variety of remedies. Of the new, one of the most popular at present in rheumatism is salicylic acid, just introduced to the profession by Staff Surgeon Stricker, of Berlin, January 3rd, 1876. The results in the wards of the late Professor Traube, of Berlin, were exceedingly satisfactory, and from the reports published is the following statement: "*All the patients treated* were not only relieved of their fever, but also of the local symptoms, that is, the swelling, redness, and especially *the painful joints*, within forty-eight hours, most of them within a much shorter period. The largest quantity of pure salicylic acid which was found necessary to produce the effect, was fifteen grammes, and the smallest 5 grammes; but that even larger quantities can be taken internally. Dr. Stricker does not pretend to express any opinion at present on the effect exerted by the acid on the cardiac complications of rheumatic fever. Dr. L. Reiss, of Berlin, points out that the action of salicylic acid must be more than purely symptomatic, since in some cases a single dose, not only permanently reduced the temperature, but also was followed by general improvement in the patients condition. Professor Kohler, of Halle, has investigated the action of salicylic acid carefully, and the results of his observations, point to the important facts, that both salicylic acid, and salicylate of soda, when injected into the blood of rabbits, cause a fall in blood pressure; a diminution in the frequency of the pulse, and respirations. The soda salt acts equally well whether injected into the jugular vein or taken into the stomach, whereas the solution of the pure acid in water has no effect when given by the stomach either as to lessening the pulse, or

reducing *blood pressure.* According to Kohler, it is considered almost certain that salicylic acid becomes converted into its soda salt by combination with the alkalies present in the intestinal secretions, and that it is thus absorbed into the blood, and produces its physiological action. The data of Riess, Goldhammer and Nathan do not exactly agree; however, the impression now formed is, that salicylate of soda, is most likely to become a valuable anti-febrile remedy, and Professor Kohler predicts for it, a great future, as a means of reducing the temperature of the body.

Time and experience will alone settle the place and power of this new and interesting compound —and if in the perverted laws of nature, and the disturbed chemical affinities of the system, so remarkable in "rheumatic fever," this acid and soda base can rapidly and certainly regulate the systemic disturbance, *science* has achieved a leverage over disease of which our age should feel highly gratified.

FAT EMBOLISM.—Since the valuable observations of Virchow, issued in his "Cellular Pathology," the subject of embolism has been brought prominently under the notice of the profession, and thus we have explained the local obstructions to circulation, so frequently taking place after acute rheumatism, typhoid fever, and the not uncommon attacks of fever, shortly after parturition. Thus we have either to deal with the fragment of a thrombus, wedged in most likely at the bifurcation of a large artery, or the fragments of a coagulum in more or less altered condition (by a species of crumbling process) finding their way into smaller branches of the arteries and giving rise to consequences proportionate to the extent and peculiarity of the obstruction. Recently the interesting subject of embolism has taken a new phase and come under the notice of the surgeon as well as the physician.

The investigation of the cause of sudden death after fractures of the long bones has brought to light quite a new pathological feature of intense interest. In 1862, Genker and Wagner, two German pathologists, discovered that embolism could be produced in the lungs by fat, introduced into the venous circulation. In 1856, F. Busch actually published a case in the Berlin *Medical Journal*, in which death resulted from *fat embolism*, and proved that in fractures of the long bones the fat contained in the crushed marrow can be absorbed by the veins, carried thus to the lungs, and there induce embolic changes, sufficient to cause death. For some time the idea of death from *fat* embolism attracted little attention, however, the recent paper of Professor Czerny, of Freiburg, has given fresh interest to this subject, as one worthy of close clinical examination. "We must, therefore," says Czerny, "remember the possibility of fat embolism, when a patient with an injury of the bones becomes suddenly worse, without assignable cause, a day or two after the accident and when the symptoms point to circulatory disturbances, first in the lungs and secondly in the capillaries of certain parts of the general system. However, we can only be certain of such cause of death, by the *post mortem* appearance. Sufficient has already been written on this subject to call forth vigorous investigation, in which line of thought some of our young surgeons may earn considerable distinction.

The optical department of atmosphere in relation to the "*Phenomena of Putrefaction and Infection,*" is the heading of the recent interesting and attractive lecture of Professor Tyndall, at the Royal Society. The experiments of 1868 and 1869 into the decompositions of vapors by light brought about the necessity of procuring some optical pure air. The careful study of Tyndall's experiments opens up many new and interesting lines of thought, pregnant with material intimately associated with both practical medicine and surgery. Many years ago Pasteur pointed out that the air of cellars, long undisturbed, was in a great measure destitute of germs, and recently Tyndall has demonstrated that if the chamber containing air was smeared with glycerine and kept quiet for a few days, it would become optically pure; he also pointed out the important fact that expired air is optically pure.

The practical result of his careful observations, is that "the power of *scattering light* and the power of *producing life* go hand in hand." His experiments consisted of boiling fully more than one hundred different infusions in optically pure air and then exposing them in the same air. He then boiled the same infusions in ordinary air and exposed them freely after boiling. Those from the optically pure air remained fresh and free from organic life, whereas a few days sufficed to develop in the other infusions, not only putrefaction, but

swarms of bacteria as well. Professor Tyndall now directs attention to the fact that there are particles floating in the air, too fine to be recognized by the microscope and yet capable of acting on light, and he favors the opinion that these small ultra-microscopic particles are probably the germs of low organisms. The success of Listers antiseptic treatment is based on the destruction of these low organisms, which introduced into a wound, promote suppuration and materially retard the healing process. Professor Vussbaun, of Munich, has just issued an able pamphlet describing the successful results obtained in surgery since the introduction of Lister's system. Although the treatment is expensive from the high price of materials employed, yet it is the cheapest for hospital use, owing to the shorter period required in the treatment of surgical cases. The observations of Dr. Maclagan, at the Pathological Society, May, 1875, *Med. Times*,) correspond exactly with the recent ideas of Tyndall, inasmuch as he expressed the idea, "that the organisms which produce the phenomena of disease are not those which we see and describe as bacteria, but other and more minute organisms, and," he says, "*indeed, it is still an open question whether diseased germs have ever been seen, of their existence we judge by the phenomena to which they give rise.*" The influence of unseen atmospheric particles or forms is no longer a matter of doubt. Such have a place and power, still the precise *modus operandi* requires much extended observation, in order to sift truth from error, and with the rapid scientific strides of our age we must acknowledge that "*there are more things in heaven and earth than are dreamt of in our philosophy.*"

AMMONIATED TINCTURE OF GUIACUM IN INFLAMMATION OF THE THROAT.

BY J. H. GARNER, M.D., LUCKNOW.

I observed in your issue of June 1st, a few lines on a "remedy for chronic hoarseness." Ammoniated tincture of guiacum, in inflamed throats, whether acute or chronic, seems a remedy that is totally unknown to some practitioners, and wholly ignored by others. In fact, the profession seems to have forgotten, to a great degree, that tr. guaiaci ammoniata exists at all. Through your columns, I beg to submit my experience of this remedy for the last quarter of a century, and would ask my brethren in the profession to give it a fair trial, and see if their experience does not fully correspond with mine. "In cases of chronic hoarseness," I use it with almost invariable success in the form of a gargle. A clergyman in this section was always, after preaching, much troubled with hoarseness. He applied to a practitioner of high standing, who excised the uvula. This gave no relief, and he was often, he said, in agony after service. On examining the fauces, the tonsils were enlarged and flabby, the arch, and as far as visible of the fauces was of a deep rusty red, with small white spots. He was very hoarse, and had at intervals spasmodic twitching in the tongue and throat. I gave the following gargle:

℞—Tr. Guaiaci Ammon.,	ʒiij.
Liq. Potas.,	ʒiij.
Tr. Opii,	ʒij.
Aq. Cinnam., ad.	ʒ viij.—M.

Fiat garg. Utend om. hora.

The liq. potassa helps greatly to keep the gum dissolved, otherwise it would separate, in small black lumps of gum. He was relieved the first time he used it, and in forty-eight hours, was perfectly well. In his case the hoarseness was produced by public speaking, and had annoyed him for some years; in fact, so much so, that he told me he would be compelled, from the irritation of the vocal cords, to forego the ministry, if he did not obtain relief; but the use of the gargle perfectly cured him. Others of his profession were also relieved by this prescription.

I use this remedy in inflamed throats, and find it most powerful as a remedy in all sorts of inflammation of the fauces. In the first stages of quinsy its action is astonishing. It seems to scatter the disease at once. Of course if pus has been formed, it cannot be expected to cause absorption, but it will allay the inflammation, and give speedy relief. I do not mean to say that tr. guaiaci. am. will entirely stop inflammatory action in quinsy, but I do say that the irritation and choking sensation are very much relieved.

In cases of inflamed tonsils, and sore throat, when produced by, or accompanying measles, scarlatina, cynanche parotidis, and croup, I use the pure tincture, as follows: Tie a bit of sponge or rag on the end of a stick, and saturate it

thoroughly, then holding down the root of the tongue with the handle of a tablespoon, I apply the tincture freely to the fauces. This produces a momentary asphyxiation, but when the patient gives a cough, it is gone. In general this is repeated every hour or two, according to circumstances. It is common for practitioners, to have young ladies apply to them for hoarseness and sore throat, arising from, or in connexion, with suppressed menstruation. In many cases, this will be found a very annoying trouble and difficult to relieve. In such cases, in addition to the above treatment, I use the following:

℞—Ferri, Sulph.	ʒj.
Spt. Æther Nitros,	ʒss.
Morph. Sulph.,	gr.iij.
Infus. Gent. ad.,	ʒxij. M.

Sig.—Coch. mag. ter, quaterve, in die.

The bowels are relieved if necessary, by a few grains of hydr. chlor. and pulv. scam.

In common colds with distressing cough, in whooping-cough, and hectic irritation from phthisis, a gargle of tr. guaiaci. am., although it may not exactly cure, will wonderfully relieve, and is well worthy of trial. If a portion of the gargle passes down the œsophagus, all the better. But the longer it is in actual contact with the irritated fauces, the better will be the result.

I have read with much pleasure in the June issue of your journal, a synopsis of a paper by Dr. C. E. Billington, on Diphtheria, read by that gentleman at the New York Academy of Medicine. As far as my own experience of diphtheria is concerned, it is a rare disease; yet it is astonishing the number of cases of this virulent disease that come under the care of some practitioners. In fact, when unable to tell what is the matter with the patient, the disease is immediately dubbed "diphtheria," and the Gordian knot is at once severed. I am sorry to say that my faith in reported and published cases of "diphtheria" is by no means unbounded. I have seen cases of common sore throat, croup, laryngitis, measles, inflammation of the lungs, pericarditis, mumps, scarlatina and bronchitis, as well as typhoid fever, all distinctly treated as this ubiquitous diphtheria. I recollect that when a severe cold first received the name of "influenza," some thirty years ago or more, it was unfashionable to have any other disease, especially among the gentler sex, and nervous old bachelors. At present, diphtheria is "*extremely*" fashionable, which being the case, we shall take for granted that all those cases reported by Dr. Billington are correct.

In the last thirty years of steady practice, I have only met six cases, that I could fairly say were true diphtheria. In various sections around me, I hear occasionally of medical men who have dozens of patients with this disease; but when they or their friends come to me, I can only find a moderate cold, or mild sore throat, and not unfrequently a throat irritated by caustic, which in a day or two, yields to a gargle of tr. guiac. am., with a gentle laxative. I agree with Dr. Billington, that diphtheria is a truly local disease; that the local affection commences first, and that the gravity of the symptoms is in proportion to the severity of the disease, as seen in the fauces. The first symptoms are uneasiness and a choking sensation, a reddish spot follows, on which a white and small speck forms; under this the part becomes black, the breath is very fœtid; swelling increases; severe typhoid symptoms succeed; then rapid prostration, syncope, and death. In my humble opinion, it is rapid mortification, to a great extent, of the fauces. There is evidently a poisonous and virulent ichor produced, and this being absorbed by the system, as well as by the lungs, soon ends in death.

I am not aware at the present moment of the nature of the ichor or pus in diphtheria, whether it be acid or alkaline. It is a well-known fact that the ichor in erysipelas is powerfully alkaline. All that any one has to do, to prove it, is to scratch the first case he sees with a lancet, and after the blood ceases to come, a clear bead of ichor distils, which, by testing with a bit of litmus paper, the deep blue is struck in a moment. Erysipelas then, is nothing more or less than an alkaline and virulent ichor, produced in the true cutis, which rapidly increases in quantity, and spreads. The treatment advocated by Dr. Billington in diphtheria seems to be systemic, by the tr. ferri. mur., and local, by the carbolic acid and liq calcis, the former acting as in erysipelas, by counteracting the alkali in the blood, and the latter as a local irritant. As I have no experience in the tincture of iron treatment, nor in the carbolic acid, I shall say nothing, except that reason seems to go with it. In my own cases two died, and four recovered.

I was called to see a young woman, (Miss B.), some years ago, the messenger stating that her throat was closing, and inflamed. I took some am. tincture of guaiacum with me, and on arriving found her dying. I used the sponge and gave relief, but she was gone beyond the aid of treatment, and died within an hour. It was true diphtheria. Her sister and another young lady were now complaining, and the throats of both on examination had the small white spots on a red and tumid base. I used the sponge till the fauces were considerably denuded of epithelium, and bled, and they both recovered after using the sponge a few times, at an hour's interval. I followed up the treatment by a mild cough mixture, adding a few grains of quinine, and three drachms of acid sulph. aromat. They were all under 15 years of age. The next patient was also a girl about 8 years old (Miss L.), who by exactly similar treatment recovered. The other two were boys, aged 6 and 8 years respectively. I treated them alike, but one was sinking and died very soon after I arrived; the other recovered quickly. Am. tinct. guaiac., on being rubbed on the fauces, seems to act by changing the character of the inflammation from a mortifying type, and restoring it to a healthy one. The fœtor soon ceases, the swelling subsides, the pulse becomes easy and reduced, the anxiety and langour of expression vanish, the breathing ceases to be laborious, and strength returns. A good nurse does more for recovery than the doctor, in such circumstances. I cannot understand the use of caustics here. In fact, I consider them, in inflammation of the fauces, only in the light of a virulent and irritant poison, when applied crude, and have little faith in their use, except in syphilis. I am sure the generality of experienced practitioners, will agree with me on this point. Diphtheria, as far as I have seen, gives no time for parley. It demands vigorous treatment. The typhoid putridity of the fauces must be banished at once, and a healthy state produced, and I am not aware of any agent that acts with the almost magical rapidity of this much neglected remedy.

In conclusion, I may remark, that many medical practitioners are seeking new things as remedies, regardless of the virtue they possess.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I observe from the report of the proceedings of the Medical Council in the daily papers, that the Examining Board has again been appointed in great measure from among the members of the Council, and that the principle of appointing outsiders has been entirely ignored. The medical profession throughout the entire Province is urgent in demanding an entire change in the mode of appointing examiners, and that principle must be conceded sooner or later, and would come with better grace if the Council were to adopt it of their own action, rather than be forced into it by the pressure of professional opinion. Those members of the Council who fought manfully against this vicious principle, and stood up for the rights of the profession as against the monopoly of the Council, deserve our warmest thanks. The elections will soon come about, and then the profession will be in a position to assert its rights in such matters. No one in favor of continuing the present mode of appointment of examiners need ask the suffrages of any territorial constituency in the Province. Many medical men in this locality have expressed their surprise at the remarks made by some members of the Council, regarding the strictures of the LANCET. They would muzzle the press, and restrict its usefulness; they would endeavor to coerce you to conceal, what every medical man in the Province desires to be informed about, if in their power. We have no doubt, however, you will do your duty regardless of the threats and bitter invective of these self-constituted individuals. You may rest assured that you will be upheld by the profession. It appears to those of us outside, that the action of the Council is governed in almost everything by *two* or *three* noisy orators, who imagine that the business of the Council must be transacted throughout in the manner that their vanity may dictate, and that no one else has any right even to express an opinion or make a suggestion. The members of the Council must remember that the eye of the profession is upon them, and will hold them to a strict account for their wrong-doings.

Yours, &c.,

JUSTICE.

Selected Articles.

THERAPEUTICS OF CARBOLIC ACID.

In 1860 Lemaire drew attention to carbolic acid as a remedy, and Mr. Calvert also early investigated the applications of this substance. It has lately been brought prominently forward as an antiseptic by Lister (*a*), Pasteur, Sansom, and others. These writers contend that putrefactive changes are due to septic infusoria in the atmosphere, and that carbolic acid acts by destroying the life of these organisms. The recent experiments of Dr. J. Dougall with carbolised lymph would tend to prove that carbolic acid is not antizymotic. The local and topical effects of carbolic acid are more energetic than those of creasote. The former acts as a powerful stimulant and caustic to the skin, and when incautiously applied has not unfrequently caused gangrene. It may be laid down as a rule that the strength of topical applications of carbolic acid to wounds should not exceed one part of the acid to eight of water or to six of oil.

Carbolic acid is a potent antiseptic, and is extensively used to correct the fœter of gangrenous and offensive sores. In the treatment of wounds it acts beneficially by averting the tendency to the formation of pus, preventing inflammation, modering pain, and arresting hæmorrhage. Mr. J. Wood advocates the employment of sulpho-carbolate of zinc as an application to wounds, suppurating abscesses, after-operations, and in gonorrhœa and venereal sores (*b*).

Carbolic acid represses exuberant granulations, and acts as a stimulant to weak, indolent, and unhealthy ulcers. As a topical application it has been recommended in the treatment of necrosis, caries, carbuncles, diphtheritic surfaces, lupus, and cancerous sores. It certainly relieves the pain of cancer, and cases are recorded in which it appeared to have modified the disease. As a gargle in diphtheria, carbolic acid has been extolled, and in other affections of the throat and pharynx, as in ulcerations and enlargement of the follicles, pulverised solutions of it have ordinarily proved beneficial.

As to the anæsthetic effects of carbolic acid when locally applied, Dr. A. H. Smith (*c*) confirms the statements of Drs. Bill and Squibb; it renders the integument entirely insensible, but does not interfere with the capillary circulation. Prof. Erasmus Wilson uses it as an anæsthetic to diminish the pain produced by caustics in lupus, &c. Carbolic acid is sometimes used for the cure of soft hæmorrhoids, which it effects by corrugating the integument.

Carbolic acid aborts the pustules of cow-pox and small-pox, and a solution of it in oil (1 to 8) is greatly recommended by Dr. Scott, of Dumfries, as an application to prevent the pitting after the latter disease, and also in cases of gunpowder burning (*a.*)

In malignant pustule Dr. Estradère successfully uses carbolic acid, both externally and internally. In arthritis of the knee, subacute adenitis, &c., Huter advocates parenchymatous injections of it.

The internal administration of carbolic acid should be regulated by its effect on digestion; it should always be given freely diluted. Irritability of the stomach and a red tongue contra-indicate its employment.

Dr. Fuller and others have found carbolic acid to be of great service in cases of fermentative dyspepsia, even when charcoal has failed to afford relief (*b*). It will be found that ten or fifteen grains of sulpho-carbolate of soda taken before food will prevent flatulence occurring after meals.

In torpor of the bowels with offensive breath and in sarcina ventriculi, Kempster advocates its employment (*c.*)

Anal injections of carbolic acid are of value in mucous diarrhœa of the large bowel, and Rothe recommends the internal administration of it in the treatment of diarrhœa and cholera (*d.*)

Salkowski employs carbolic acid in the treatment of some causes of vomiting (*e.*) A case of tænia is recorded in which the administration of two grains of the acid every hour caused the expulsion of the head and body of the worm on the second day. Lemaire gives clysters of carbolic acid for the cure of ascarides.

In hæmorrhagic ulcer of the stomach the administration of grain-doses freely diluted has proved efficacious in checking the bleeding. When given internally, carbolic acid can be detected in the blood; it is stated, however, that it undergoes partial oxidation into oxalic acid.

Carbolic acid powerfully depresses the circulation.

Carbolic acid has been employed in the treatment of various affections of the respiratory organs. Dr. Carlos, of Bahia, acting on the supposition that the epidemics of whooping-cough in the West Indies were due to the sporules of some fungus was led to give carbolic acid in such cases with marvellously successful results. In a recent com-

(*a*) For details as to the antiseptic method adopted by Professor Lister the reader is referred to his monographs and papers on the subject, or to an able summary in Professor Sydney Ringer's "Handbook of Therapeutics," 4th Edition, 1874.
(*b*) "Medico-Chirurgical Transactions," vol. lii.
(*c*) *Medical Times and Gazette*, vol. ii., 1872.

(*a*) *Edinburgh Medical Journal*, August, 1871.
(*b*) *British Medical Journal*, February 20, 1869.
(*c*) *American Journal of Medical Science*, July, 1868.
(*d*) *Schmidt's Jahrbucher*, April, 1872.
(*e*) *British Medical Journal*, May 25, 1872.

munication (*a*) Dr. Robert Lee reverts to the value of inhalations of carbolic acid in whooping-cough, and in the journal containing this publication Dr. George P. Rugg writes claiming priority over both Dr. Lee and Dr. Burchardt, of Berlin, in suggesting the use of vapour of carbolic acid in whooping-cough. The latter writer prescribes the steam from a solution of one and a-half or two parts of the acid in 100 parts of water for inhalation thrice daily.

Dr. C. G. Rothe, of Attenburg, recommends inhalations of carbolic acid in phthisis, and he gives the following formula :—Crystals of carbolic acid and spirit of wine, two parts each; tincture of iodine, one part; distilled water, ten parts. Of this mixture from 25 to 30 drops are to be added to a tablespoonful of water for an inhalation.

Dr. Angelo Cianciosi (*b*) relates a case of suppurative pneumonia following a stab in which he injected into the pleura a solution of 50 centigrammes of the acid in 200 of infusion of cinchona with marked benefit.

In catarrh with offensive discharge, ozæna, nasal polypi, &c., Kempster gives inhalations of a solution of one grain of the acid in an ounce of water (*c.*)

In gangrene of the lung the administration of carbolic acid has been found useful by Salkouski (*d*), Gartner, Leyden, and others (*e*). Carbolic acid has the power of reducing animal heat, and it has hence been suggested that its employment would be beneficial in febrile conditions attended with excessive calorification.

M. Déclat recommends carbolic acid for the treatment of intermittent fever; he injects subcutaneously 75 drops of a one per cent. watery solution four times the first day, three times the second day, and twice on the third day (*f*). M. Treulich states that in cases of intermittent fever in which quinine has failed, carbolic acid will often effect a cure. He gives as an average dose four grains in infusion of gentian, and he records eight cases in which there were large tumours of the spleen which were cured under this treatment (*g*).

After the administration of carbolic acid the urine becomes dark and smoky-looking, presenting an appearance very similar to that in bad scarlatinal nephritis; sometimes a deposit is formed not unlike altered blood, but it certainly is not disintegrated corpuscles. The dark matter is entirely derived from the drug, and is a form of indigo blue. The depth of colouration is no indication of the amount of acid present. It is said that the urine is coloured dark more frequently from the external than from the internal use of carbolic acid, a fact Ferrier attempts to explain by suggesting that the acid becomes oxidised in the former case before its absorption. On the addition of sulphuric acid to the urine the odour of tar is developed, and chloride of iron yields a beautiful blue colour. The urine in health contains a trace of carbolic acid. Carbolic acid sometimes causes the transitory presence of albumen in the urine (Waldenstrom). Neumann has shown that hyperæmia of the kidneys with separation of renal epithelium constantly occurs in dogs poisoned by carbolic acid (*a.*)

According to Fuller, although carbolic acid causes the disappearance of lithic deposits, it does not act beneficially in gout or rheumatism (*b.*) A case of diabetes successfully treated with carbolic acid is quoted in the *Philadelphia Medical Times.* for Jan. 30th, 1875. Fifteen and a-half grains of the crystals were dissolved in an ounce each of peppermint water and distilled water, and of this a sixth part was administered night and morning. Drs. Ebstein and Muller also recommend carbolic acid in glycosuria; they suggest that abnormal fermentation may in many cases cause or permit the occurrence of glycosuria (*c.*) It may be here mentioned that although carbolic acid will prevent the fermentation of sugar, it is said not to have the property of preventing the conversion of starch into sugar or the decomposition of amygdaline.

Injections of carbolic acid have been suggested for the treatment of catarrh of the bladder. Berndgen uses in chronic eczema a solution of five parts of the acid in ten of diluted spirit and 120 of water; this solution he applies every morning with a camel's hair brush. In acute eczema carbolic acid is injurious (*d.*)

The foregoing solution has been found very useful as an application in psoriasis. Neumann gave carbolic acid internally in psoriasis, and found that it reduced the hyperæmia, but did not affect the thickening of the cutaneous tissue, consequently it proved more successful in the treatment of the acute than of the chronic cases. Zimmerhaus gives in psoriasis pills each containing three-fourths of a grain of carbolic acid; he begins the treatment with the administration of six of these pills daily, and gradually increases the dose to twenty of the pills in the twenty-four hours; by this treatment he usually effects a cure in from four to seven weeks (*e.*) Dr. M'Nab recommends for the treatment of psoriasis an ointment consisting of one part of the acid in four of lard; he applies this every night, and covers the part with gutta-percha (*f*).

(*a*) *British Medical Journal*, October 1, 1875.
(*b*) *Indipendente*, No. 4, 1875.
(*c*) *American Journal of Medical Science*, July, 1868.
(*d*) *British Medical Journal*, May 25, 1872.
(*e*) *Schmidt's Jahrbucher*, April 1872.
(*f*) *Comptes Rendus*, lxxv., p. 1489.
(*g*) *Wiener Med. Presse*, November 12, 1871.

(*a*) *Medical Press and Circular*, October 5, 1870.
(*b*) *British Medical Journal*, February 20, 1869.
(*c*) *Berl. Klin. Wochenschrift*, December, 1873.
(*d*) *Centralzeitung*, No. 20, 1875.
(*e*) *Wiener Med. Presse*, 42.
(*f*) *Lancet*, March 19, 1870.

By Hertel, of Copenhagen, Guntz, of Dresden (*a*), and by Salkouski, it has been found very beneficial in the treatment of prurigo.

Hertel finds that carbolic acid acts specially on two symptoms accompanying cutaneous affections, namely, itching and hyperæmia. The action of the acid in tinea and some other skin diseases is attributed by some dermatologists to its power of coagulating albumen, stimulating the skin and excluding the atmosphere.

Dr. Edgar Browne recommends carbolic acid as an application for sweating feet (*b.*) In skin affections of cryptogamic origin the acid has undoubtedly proved serviceable. In alopecia areata Dr. Watson uses carbolic acid successfully; he employs a lotion night and morning consisting of one drachm of the acid to three ounces of glycerine; in a case so treated the scalp was covered with abundance of hair in seven months. Dr. Prior, of Bedford, states that carbolic acid will cure porrigo favosa, and that for achorion Schonleinii it is the safest and surest parasiticide (*c.*) According to Kempster, it effectually destroys acarus scabiei and pedicularis capitis (*d.*)

Dr. J. C. Nott, of New York, records a case of carbuncle aborted by carbolic acid; an incision was made into the carbuncle, and cotton-wool soaked in the acid was inserted into the wound every day for a week. Other successful cases are also recorded.

In erysipelas, Dr. Murell advocates the topical use of carbolic acid, and he has obtained successful results in the phlegmonous form of erysipelas by hypodermic injections of the acid as proposed by Aufrecht (*e.*) Dr. Hirschberg relates a case of traumatic erysipelas successfully treated by hypodermic injections of a two per cent. solution of carbolic acid (*f.*) A lotion of one part of the acid to 100 of water is recommended in pruritus ani. It is also useful in pruritus pudendi.

Sponging the body with a weak solution of carbolic acid is said to drive away mosquitoes. With reference to its action on the nervous system, carbolic acid in excessive doses produces spasms, the severity of which is only equalled by those produced by picrotoxine or codeine, and which terminate in paralysis and death. According to Labbec, the convulsions produced by carbolic acid are rather epileptiform than tetanic, its special influence being apparently exerted upon the cerebellum and medulla oblongata.

In gonorrhœa an injection of twenty grains of sulpho-carbolate of zinc in eight ounces of water, to be used two or three times daily, has proved satisfactory.

Dr. Lloyd Roberts, of Manchester, early drew attention to the efficacy of carbolic acid in the treatment of ulcers of the os and the cervix uteri, and in chronic uterine catarrh. An outline of his mode of procedure is given in Prof. Ringer's "Handbook on Therapeutics." It may be here mentioned that the fluidity of the acid may be maintained by the addition of a few grains of camphor, as suggested by Mr. Weir, of Dublin. Dr. Greenhalgh recommends as a vaginal pessary ten grains of carbolate of lime made up with stearine to correct the fœtor of ulcerating cancer in the womb. For internal use, Dr. Sansom recommends the substitution of the sulphocarbolates for carbolic acid. These salts are devoid of caustic and irritant action, and are soluble in water; they may be given in doses of from 20 to 40 grains. The soda salt is the most efficient, then that of magnesia, then that of potash, and lastly that of ammonia. These salts are decomposed in the system into carbolic acid, which is given off in the breath, and sulphate of soda which appears in the urine. Dr. Sansom collected and preserved the urine of animals to which sulphocarbolate had been given. He found that after six months the urine had not decomposed; it is not unlikely, therefore, that the administration of these salts may be useful to keep the urine sweet in cystitis, enlarged prostate, paralysed bladder, &c. Dr. Brackenridge (*a*) speaks highly of the value of sulphocarbolate of soda in the treatment of scarlet fever. He agrees with Dr. Sansom that this salt acts internally in infectious diseases by disinfecting the disease germs within the body. Acting on this theory, he recommends the administration of sulphocarbolate of soda to persons exposed to the poison of scarlet fever, diphtheria, measles, &c., and he relates several striking cases illustrative of this suggestion. He gives the salt in doses of from 5 to 30 grains three or four times daily, and even more frequently when it is well borne. Carbolate of quinine has been recommended as a medicinal agent by Prof. Bernatzik, and Brawn gives it in puerperal cases; by Duchek it has been administered in typhus and pyæmia. (*b*)

Bufalini suggests camphorated phenol as a substitute for carbolic acid, whether internally or externally, on the ground that it is less dangerous, and that its employment is not attended with the disadvantages of the acid. Many cases have been recorded of poisoning by carbolic acid, arising both from its internal use and from the external application of it to a raw surface. It gives rise to giddiness, nausea, a feeble pulse, delirium, coma, or collapse, and sometimes in severe spasms ending in paralysis and death. The post-mortem examination reveals a liquid state of the blood, and a pale

(*a*) *Schmidt's Jahrbucher*, April, 1872.
(*b*) *Practitioner*, December, 1869.
(*c*) *British Medical Journal*, October 26, 1867.
(*d*) *American Journal of Medical Science*, July, 1868.
(*e*) *Philadelphia Medical and Surgical Reporter*, December 26, 1874, and *Centralblatt*, February 21, 1874.
(*f*) *Berl. Klin. Wochenschrift.*

(*a*) *Medical Times and Gazette*, July 24, 1875.
(*b*) *Jahrbuch der Gesammten, Med.*, August, 20, 1867.

and shrunken condition of the lungs. There is intense venous congestion of the brain and its membranes; and in Neumann's experiments on the lower animals he found that carbolic-acid caused congestion of the brain-substance, and fatty or granular degeneration of the liver in the lower animals.

Olive oil is stated to be the best antidote, but the combination formed by oils with carbolic acid tends rather to facilitate the absorption of the latter. The administration of albumen, which forms with the acid an inert coagulum, is unquestionably a better measure. Husemann considers that saccharate of lime acts more efficaciously, an opinion with which I am inclined to coincide.

Most authorities state that the treatment of a case of poisoning by carbolic acid should consist—first, of the immediate administration of emetics; but as the alimentary tract is rendered insensible by the local action of the poison, emetics are entirely inoperative and useless. Without doubt, however, the stomach-pump should be used without delay, and plenty of milk and the reputed antidotes should be administered.

Carbolic acid is largely used to prevent stenches. When offensive gases are once formed they are not destroyed by carbolic acid as they are by chlorine or by permanganate of potash, carbolic acid can only prevent their generation.

The fact of venous congestion of the brain having been observed as a consequence of carbolic acid poisoning has led to the adoption by Dr. Moslen, of Griefswald, of venesection of the external jugular with a successful result.—*Dr. Griffith, Med. Press and Circular.*

TREATMENT OF CHRONIC CONSTIPATION.

[The *Medical Times and Gazette* contains an interesting article on the "Therapeutics of Chronic Constipation," by Dr. J. K. Spender, of London, and though not of very recent date, we subjoin an extract as presented in the *Half-Yearly Abstract of the Medical Sciences*, relating to the treatment of this annoying malady.] The treatment promises not mere relief, but final cure, and "compromises four therapeutic factors: (*a*) minute and frequent doses of watery extract of aloes, very rarely of extract of colocynth; (*b*) a dose of sulphate of iron (gr. jss or ij), always combined with each dose of the direct aperient; (*c*) regulation of the diet; (*d*) constitutional exercise. The author writes chiefly of factors (*a*) and (*b*). The quantity of extract of aloes, in all but extraordinary cases, he says, should not exceed one grain. It is conveniently given in the form of a pill. With this pill there should always be mixed a dose of sulphate of iron varying from one to three grains; this is the essential point of the treatment. Any other tonic of the neurotic kind cannot supply the place of the iron; iron is not only *facile princeps*, but is not interchangeable by anything else. Extract of nux vomica may be added, if the prescriber pleases, as an ornamental appendage or as a means of blending the other constituents together; and belladonna is a remedy of definite auxiliary power; but both these drugs, *quoad* constipation of the bowels, are uncertain or unsatisfactory, and rarely do permanent good. Dr. Spender begins, then, by desiring an adult patient to take a pill composed as above three times a day, immediately after the principal meals. He is cautioned that at first there will be probably no apparent effect, and that two or even three days may pass before any medical evacuation of the bowels takes place, perhaps even then difficult and discomforting. But within the next forty-eight hours there will be most likely an evacuation of the bowels once or possibly twice in the day; *but nothing approaching to purgation ought ever to be permitted*, and, therefore, the patient must be instructed, on the occurrence of the first loose motion, to withhold a pill, and to take only one in the morning and one in the evening. He then continues for a time his morning and evening pill, and is pleased to discover that so slender a medicament has such a decided effect. Not improbably, at the end of another week or fortnight, he is compelled, by the same reason as before, to drop another pill, and the same result is now brought about by one pill daily, as was originally produced by three pills. Within another month, he may reduce his allowance of medicine to a single pill once or twice a week; and finally his whole scheme of medical treatment becomes merely preventive in its design and scope, and he takes a pill occasionally for the sake of maintaining health and warding off old troubles.

"When there is real or fanciful difficulty in the administration of pills, the best way of carrying out the plan above described is by combining the *mistura ferri composita* with the *decoctum aloes compositum*, the doses being determined by the application of the same principles."

The treatment seems altogether rational, and we hesitate not to recommend it. The object sought is not mere evacuation of the bowels, but restoration of lost tone.—*Med. News, Cin.*

TREATMENT OF THE ITCH.—*L'Union Médicale* gives, under the name of Wilhem Petters (without further indications), the advice of using Peruvian balsam or styrax mixed with two parts of oil, in lieu of sulphur ointment. Very gentle frictions with the balsam or the styrax, without previous soaping, will destroy the acarus, as the balsam very easily penetrates into the furrows of the skin without the latter being torn. In this way the eczematous eruptions following the use of sulphur are avoided.

DILATATION OF THE CERVIX UTERI IN DYSMENORRHŒA.

Dr. John Ball recommends the following method of procedure in cases of constricted cervix uteri. Having procured the thorough evacuation of the bowels of the patient, place her upon her back, with the hips near the edge of the bed, and when she is profoundly anæsthetized introduce a three-bladed, self-restraining speculum; seize the os uteri with a double-hooked tenaculum, draw it down toward the vulva, and then introduce a metal bougie as large as the canal will admit, following it in rapid succession by others of larger size, until one is reached which represents the size of the dilator. Then insert the dilator and stretch the cervix in every direction until it is enlarged sufficiently to admit a No. 16 bougie, which is all that is generally necessary. Then introduce a hollow gum-elastic uterine pessary of about that size, and retain it in position, by a stem secured outside the vulva, for about a week, in which time it has done its work and is ready to be removed. During this time the patient should be kept perfectly quiet, and usually upon her back. Dr. Ball claims that the operation saves a great deal of time, causes much less constitutional disturbance than the use of tents, and is not only safer than the metrotome, but is free from some serious objections to the use of the latter, there being no resulting cicatrix to interfere with the dilatation of the parts, and the condition of the patient after an unsuccessful operation being no worse than before. He says that it relieves the constriction entirely, by breaking up all the adhesions, which are often firm and unyielding; that, acting as a derivative, it cures the hyperæmia of the cervix; and that, further, it establishes a radical change in the nutrition of the whole organ.

He details nine cases of stricture of the os and cervix complicated with vaginismus, chronic endocervicitis, version, sterility, dysmenorrhœa, etc., in all of which very great relief or permanent restoration to health was effected by rapid and forcible dilatation. In a foot-note the editor of the *New York Medical Journal* quotes Dr. Ellinger, of Stuttgart, as recommending the operation—1, in stricture of the cervical canal; 2, stenosis due to flexions; 3, metrorrhagia in a flabby, swollen uterus, but without new growths; 4, retained catarrhal secretions; 5, for exploration of the uterine cavity; 6, replacement of a flexed uterus; 7, sterility. Dr. Ellinger declares that he has never had reason to regret rapid dilatation, and urges it, where dilatation is justifiable at all, to the exclusion of all other methods.—*Medical News.*

The London *Lancet* reports a death from chloroform at Leicester, England.

LITHOTOMY AND LITHROTRITY COMPARED.

At a meeting of the Medical Society of London, held on the 13th March, Mr. W. Coulson read an interesting paper, in which he gave a statistical review of the comparative results of Lithotomy and Lithotrity obtained during the past five years in those metropolitan general hospitals that publish a yearly report. The tables drawn up by Mr. Coulson showed that the number of cases of stone in the bladder treated by operation at four of the largest hospitals, during five consecutive years, was 148, with 24 deaths, or an average mortality of 1 in 6.16. At St. Peter's Hospital, on the other hand, the average mortality for all cases of operation for stone in the bladder, during the same period, was 1 in 11.16, or six deaths out of a total of 67 cases. This remarkable difference in results was, in Mr. Coulson's opinion, to be accounted for by the selection of the operations. In large hospitals lithotomy is the common operation, but at St. Peter's lithotrity is the more frequent. These facts were proved by a table which showed that, while the total number of operations of lithotrity in four large London hospitals during five years was 29, at St. Peter's, during the same period, the number was 44. With respect to lithotomy, some important differences were pointed out. In the large general hospitals the deaths after lithotomy and lithotrity are nearly equal, while in St. Peter's lithotrity was twice as successful as lithotomy. At five large hospitals there were 28 cases of lithotrity, with five deaths; at St. Peters, 43 cases, with three deaths. Not the least interesting fact brought out was the similarity of the results obtained at University College Hospital, Hôpital Necker (of Paris), and St. Peter's Hospital. In the special department at University College Hospital the mortality of lithotrity was 1 in 16; at the Necker Hospital, 1 in 15.6; and at St. Peter's, 1 in 14.3.—*The Lancet.*

THE MOST USEFUL DRUGS.—According to the *Medical Times and Gazette*, a party of ten medical men were dining together not long since, and one of them, during dessert, started the proposition that, supposing all present were limited in their practice to a selection of six pharmacopœial remedies, which would be chosen as being most useful; compound drugs to be excepted. Each of the party wrote the names of the six drugs he should select, and handed to the doctor who started the proposition. On examining the lists it was found a majority of votes were given in favour of opium, quinine, and iron; between mercury and iodide of potassium the votes were equally divided, as they were also between ammonia and chloroform.

ON SO-CALLED "ULCERATIONS" OF THE OS UTERI.

What is commonly considered and treated as ulceration of the womb is not ulceration at all, but one of two conditions, both of which, once clearly understood, are simple enough. In the first condition, frequently found in its typical form in women who have not borne children, and where the cervix and os retain the normal shape, there is seen a red abrasion often entirely encircling the os; it is occasioned by the irritating discharge poured out by a uterus affected with catarrh, or, as is commonly said, endometritis. We all know how often comes a so-called cold in the head, with its accompanying discharge from the nose; the uterine mucous membrane is liable to a similar catarrhal discharge. The woman affected with a discharge from the nose removes it by the use of the handkerchief, and so prevents it from excoriating the upper lip and the edge of the nostril; if the discharge is sufficiently irritating or excessive to cause some excoriation, perhaps the use of the handkerchief is supplemented by the application of cold cream or other unguent to the part. Now let the same woman, from, it may be, the same cause, have a uterine catarrh. She cannot keep the irritating discharge constantly removed from the surface of the cervix uteri, nor can she practically apply any unguent; and the end of the cervix in that woman is soon in the same condition as the upper lip and nostril of the little ragged boy who runs about the street on a wintry day, having no handkerchief to use and no cold cream to apply: namely, the epithelium is removed, and a raw, excoriated surface comes to view.

Catarrh of the uterus has generally become chronic before the patient applies to the physician, and the papillæ at the abraded spot, as a result of long-continued irritation, frequently have become much hypertrophied, and deceive the inexperienced eye into diagnosticating granulations. Too often, additional irritation is caused by the physician, who, totally misunderstanding the case, happens to cure the "ulcer" by lunar caustic or his other "favorite application." What educated physician would think of attacking the excoriated nostril and upper lip referred to by "burning out the 'ulcer,'" giving no attention to the catarrh, its cause? Why should we do the same thing in exactly the same condition in another part of the body? If the discharge be stopped by proper applications to the inner surface of the uterine cavity, the so-called "ulceration" will take care of itself; for you may depend upon it that if you are not more skillful than most physicians in making your application, enough will be spilled upon the excoriation outside to stimulate that part sufficiently.—*Dr. Wing, Boston Med. & Surg. Jour.*

The plague has reached Bagdad. 10 cases daily.

EMPYEMA AND THORACENTESIS.

[Answers by Dr. Bowditch, of Boston, to a series of questions propounded by Dr. Holliday, of Cleveland, O.]

It always gives me pleasure to aid a professional associate, and one especially like yourself, prepared to advocate thoracentesis by any and all legitimate means.

I will endeavor to keep as closely as I can to your questions.

First—What per cent of recoveries?

I am sorry that I cannot answer exactly on this point, because many of my patients I saw only in consultation, and many of them I lost sight of afterwards. But let me approximate, if possible, to a general answer to the question. I have up to this time operated (328) three hundred and twenty-eight times on (207) two hundred and seven persons. No one has died immediately or in consequence of the operation.

I see, however, that some of the European journals report deaths, after the operation. *I have never met with anything of the kind*, although one woman, under the care of another physician, and when ether was used (I never give it in such cases), died very suddenly, as I believed, owing to ether being administered, while one lung was wholly compressed. Ether may be and has been sometimes administered safely. There is however always a danger in its use in such cases.

These cases of death after thoracentesis are becoming in Europe so common, that one English journal asks, whether we may not be compelled to go back to old ideas again, and *consider thoracentesis a very dangerous operation, and only to be performed as a last resource!*

Nothing could be more disastrous for our patients or really more foolish than for us to adopt this assertion as true.

The writer of the remarks shows an entire want of appreciation of the real simplicity of the operation, and of its innocuousness when performed with an exploring trochar and canula and *suction pump; by "aspiration," in fact, though not in name.*

I can only explain this unhappy result in Europe, by the desire of the operator to do *too much*, and thus prolong the operation beyond the proper time for the patient.

They desire to get out all the fluid that can be drawn. Now my rule, which I believe is the only safe one, is to stop suction the moment the patient begins to suffer from *any uncomfortable* symptoms —stricture of the chest, severe harassing cough, etc. A mild cough I always like to hear, as it indicates expansion of the lung.

With this rule before me, I have often drawn less fluid than I hoped to get—nevertheless, as the safety of my patient, not my own wishes, was the end I had in view, I have always relied upon it—and as I have stated without any untoward result, such as has happened abroad.

This rule applies to all cases which I have hitherto seen, whether I found serum, pus, bloody or fœtid fluid in the pleural cavity. In regard to the percentage of death from empyema, as I hinted above, I cannot give it, and instead I present you with the following statement of my general recollections.

1st. Children with empyema are much more likely to recover than adults; nearly all of them recover.

2nd. Adults, with *recent* trouble, are in a more favorable condition than those in whom the disease has lasted for months.

When the disease is recent the lung expands rapidly, and the patient begins to get well from the moment thoracentesis is performed. But when chronic, it expands.

a slowly, but surely.

b perhaps only partly.

c or finally, not at all.

In the first contingency, if the pleurisy be in a previously healthy person, and if the other lung be wholly pervious to air, the patient generally gets well.

At times, however, after repeated operations, phthisis is liable to set in. In such a case the repeating of the aspiration I deem a bad mode of proceeding. The better mode is this: If, after once or certainly twice operating with the exploring trochar, I find this constant tendency to the re-accumulation of pus, I advise that a free and permanent aperture should be made. This may be done in two ways.

1st. By a trochar and canula just large enough to admit the passage of a drainage tube. The apparatus may be described as follows:

The canula is made with a broad flange, upon which I sew a piece of sticking plaster with a piece of oiled silk over the back of it to prevent it being soaked and soiled by the pus, which will flow over it.

I plunge in the trochar and let the pus flow, regardless of the entrance of the air, the canula being held firmly to the thorax by the sticking plaster, to which the canula has been sewed before operating. In a few moments, however, I order either a plate of cotton wadding or a bunch of oakum, or a poultice, and allow the pus to flow as freely as it may, urging the patient to lie, if possible, so that the opening will be in the most depending part.

This operation was done recently on a child with the best results. She has recovered so far as the pleurisy is concerned, but the case being chronic, before the operation was done, I fear tuberculosis may eventually set in.

2nd. The other operation for a permanent operation, which I have advocated, is a free incision of one or two inches between the ribs. This of course is a much more painful operation, but I am inclined to think the better of the two.

The essential object, however, that we wish to attain, is a permanent and free discharge of pus.

But let me here enter a "*caveat.*" I have seen a permanent opening made by another which I disapproved of. The patient had had pleurisy for which repeated thoracentesis, with an exploring trochar, had been made with great relief, at times lasting for months. But the patient had also, evidently phthisis, marked by disease of both lungs, crackling under both clavicles, &c. Certainly it would seem *a priori* that in such a case a permanent opening could do no good, and must be a real annoyance by its unpleasant discharge. I do not now, therefore, advise a permanent opening in such cases for evil has always been the result in my experience.

In regard to subsequent treatment by injection I would say that when "*laudable pus*" is thrown out, and the lung is gradually expanding; if the patient be improving, I do nothing. Why should we? I can see no valid reason for interfering. I think some patients have been made much worse (in Berlin for example) by over-doing in this way of "washing out the cavity."

But suppose the patient fails and has hectic fever, &c., I then try injections of warm water and at times they are all that is needed and produce the most happy results. I find they have done better in my practice than any more stimulating treatment. I think, now-a-days, carbolic acid might be used with advantage, but I have not used any.

3rd. Constant drainage is my rule.

4th. Is the open method preferable to repeated thoracentesis?

Whilst serum is drawn I always hope for the best, and repeat thoracentesis by aspiration. If pus—I have answered above.

If bloody serum—I *never* make a permanent opening because a bloody serum even once drawn, at a first operation indicates in my experience always an incurable and usually malignant disease of the pleura or lung.

Of course, in this last contingency a permanent opening would seem to be contraindicated.

5th. "Causes;" Undoubtedly empyema may occur in a person previously healthy, and especially is this true of young children. But I often find a bad constitution at the bottom of the matter and of course this makes the progress less favorable.

Of the three sequelæ named by you, Tuberculosis is the only one I have seen. Never have Brights disease, or enlarged liver been noticed, although they may have existed. Enlargement of the heart and sudden death with cardiac signs, after months of trouble, I have seen in a few cases in which though the fluid apparently did not reaccumulate, the lung never regained its free expansion.

6th. I send by this mail a copy of my paper be-

fore the Academy. Hoping that this will arrive in season for your paper, and wishing that your society were within a reasonable distance so that I might hear your views and perhaps express my own.—*Lancet and Observer, Cin.*

SEXUAL HYPOCHONDRIASIS.

Every physician has had greater or less experience with patients suffering, either really or in imagination, from sexual irregularity, which gives rise, in some cases, to a great deal of anxiety and trouble, generally needless. Under these circumstances the physician is sometimes called upon to decide questions that involve *ethics* as well as therapeutics. We are glad to have the high authority of Sir J. Roget, as a precedent in such cases, and it affords us pleasure to quote the following from a late lecture, published in the *British Medical Journal.* In referring to the case of sexual hypochondriacs, Roget says:

"To all alike you may try to teach a judicious carelessness about these things; a state of mind which would be an inestimable blessing to many besides these sexual hypochondriacs. Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft or lying, or anything else that God has forbidden. If men will practise fornication or uncleanness, it must be of their own choice, and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to think that a patient's health would be better for the wrong-doing. But in the case before us, and I can imagine none in which I should think differently, there is not good enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body, its discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard any one say that he was better or happier after it."—*Med. News, Cin.*

CONSULTATION WITH HOMŒOPATHS.

On the twenty-fifth of last month, at a dinner given by nearly eighty physicians of this city to one of their number who was about to accept a position in a neighboring town and a professorship in its medical school, the guest of the evening made some remarks which, at the time, produced profound impression on the company, and elicited loud applause. He said, in effect, that the time is rapidly approaching when a question would force itself upon the attention of the profession, and would demand most careful and thorough consideration, viz.: the propriety of consultation with so-called homœopaths. While he disclaimed utterly any belief in their therapeutical theories, it is not to be disputed that there are among them a large number of men who, by education and social qualities, are competent practitioners. An important element of the question is, the fact that our predecessors, from whom we receive our ethical code, have so interpreted its rules that its enforcement has enabled the homœopaths to appear before the community at large as martyrs in a just cause, and one result has been that they count among their sympathizers many of the most intelligent and influential members of society. The speaker then proceeded to suppose cases which might arise in the practice of any physician, in which the duties imposed upon all of us by a common humanity would require that he should co-operate with a homœopathist in spite of ethical rules. Another speaker followed him in the same vein, and it was evident from the attention which the company gave, and the enthusiasm of their applause, that the sentiment met with a ready endorsement.

The company was not a mere handful of unheard-of and uninfluential men, but, although mostly composed of the younger members of the profession, some are professors in medical schools, many are connected with prominent hospitals and dispensaries, and are officers in our medical societies; and a few of them, including the speaker, were the champions of the recent demonstration in the "Presbyterian Hospital Affair."—*New Remedies, New York.*

SOUPART'S AMPUTATION.

Mary Q., thirteen years old, entered the hospital May 20, 1875. Two years and a half before this she fell from a sled while coasting, and one of the runners passed over her left foot. She walked home, and continued to use the foot for several days, when it became painful and swollen. After a time sinuses formed, and a portion of the cuboid bone was removed.

At the time of entrance sinuses communicated with the tarsus below both malleoli and on the sole and dorsum of the foot. The ankle joint was movable without pain. The patient was cachectic, and a generous diet was ordered and use of the foot prohibited. In December the patient's health was very good, but this foot was smaller than the other, the toes were somewhat drawn up, and five sinuses communicated with the centre of the tarsus.

Under these circumstances operative interference was deemed advisable, and January 1, 1876, Soupart's amputation was performed. This method consists in taking a long internal flap and saving

the internal plantar artery. An incision is begun on a level with the scaphoid bone, carried down the inner side to the median line of the sole, from this point along the median line and through the heel as far as the tendo-Achillis. The extremities of this incision are joined by one slightly curved, which passes directly under the external malleolus. The ankle is disarticulated, and the long flap carefully dissected from the bones. The malleoli and articulating surfaces are then sawed. By this method a finely-shaped stump is formed, covered with the thick skin and sole of the foot, and the internal plantar vessels nourish the flap abundantly.

Examination of the foot after removal showed the entire tarsus to be extensively diseased. The patient did very well after the operation, the wound being nearly closed January 31st.

There have been several cases of Soupart's amputation in the hospital during the last year, and a very serviceable stump is formed, to which an artificial foot can be fitted with but little deformity, and upon which the patient walks quite naturally. —*Boston Med. & Surg. Journal, May 25, 1876.*

ON THE TREATMENT OF SEVERE SPRAINS.

BY SAMPSON GAMGEE, F.R.S. EDIN.

"Severe sprains are often serious fractures, though no bone be broken, or only a bit may be chipped off; the ligaments and fasciæ are ruptured, blood being extravasated into the joints, into the sheaths of tendons, and for some distance not infrequently between the layers of muscles. The swelling is great, the pain intense. The orthodox treatment by leeches and fomentations is valueless, compared with circular compression and perfect immobilization."*

Personal experience only adds strength to this opinion, and yet the orthodox antiphlogistic treatment continues to find favour with authorities. To quote one of the most recent and distinguished: "As to severe sprains, at first, while the active state of effusion is present, antiphlogistic measures are necessary. Where it is grateful to the patient, the sedulous application of ice-bags is, I think, the best; but if this is not tolerated, leeches, followed by warm fomentations or evaporating lotions, or irrigation with spirit and water, will best check the tendency to effusion. As soon as the patient can bear it, equable pressure by strapping and bandage or by splints, with perfect rest, should be adopted."† Not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general proposition, to which I have never seen an exception, that in severe sprains, effusion is most surely checked, and, once it has occurred, its absorption is most rapidly promoted, while pain is most effectually relieved, by pressure and immobilisation. It is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling."‡

By way of illustration, I may briefly relate the progress of a case in which I was consulted by my friend and colleague Mr. John Clay. His patient, an elderly gentleman, had recently sprained his right ankle in going over a ploughed field. As he had a policy in one of the accidental insurance companies, its medical officer saw the case, and he advised an incision to give vent to matter, which he thought had formed in the centre of the swelling. In this advice he was sustained by a hospital surgeon, who was additionally called in on behalf of the company. Mr. Clay, dissenting, invited my attendance. I found the right ankle hot and exquisitely painful. It was so much swollen that its circumference over the heel exceeded that of the corresponding sound joint by nearly an inch and a half. The skin on the outer side of the ankle was especially hot, red, tense, and shining; palpation in this situation communicated a feeling of elasticity closely simulating, but not amounting to, fluctuation. With Mr. Clay's concurrence and assistance I enveloped the limb from the toes to the knee in fine cotton-wool, applied well-moulded pasteboard 'splints on each side, bandaged with methodically uniform compression, and starched the outside. A second consultation was held in the course of three days, when I found the patient very much easier. He had had a good night's rest and had been able to turn over in bed, and could bear the limb lifted and put down again without pain. On opening the apparatus in front I found the swelling had considerably decreased; the previously red skin was yellowish and shrivelled like the skin of a late russett apple, not looking, as at my first visit, like the red shining skin of a prime Blenheim. That shrivelled look is always a good sign. I pared the edges of the case, and re-adjusted with firm pressure. Three days later more shrinking was met by fresh paring, and still firmer bandaging. At a consultation held a fortnight after the first, the patient was perfectly easy. No one thought any more about puncturing in search of matter. The insurance company compromised the affair by paying down a substantial sum of money, and I replaced the pasteboard apparatus by

* On the Treatment of Fractures of the Limbs, by Sampson Gamgee (London, Churchill, 1871), p. 152-3.

† A Treatise on Surgery, by T. Holmes. London, 1875, p. 257.

‡ "Le resolutif par excellence dans les contusions avec infiltration et gonflement, c'est la compression."—Velpeau, Lecons Orales de Clinique Chirurgicale, Bruxelles, 1841, p. 428.

strapping the joint with emplastrum elemi spread on leather, and a Churton's bandage applied with smooth firmness. When I last saw the patient with Mr. Clay, he was walking about his garden with a stick; the plaster had been very properly removed, and the swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a great deal, and does not require surgical supervision."

The case is a typical illustration of the proposition that severe sprains require immediate compression and absolute immobilisation.—*The Lancet.*

THERAPEUTICS OF ACUTE RHEUMATISM.

Few more humiliating conclusions have been arrived at in therapeutics than that which a leading physician in London came to about ten years ago, as the result of his hospital experience—viz., that medicine had nothing more efficacious to oppose to the course of rheumatic fever than mint-water! Not that it did any good, but that nothing else materially affected the course of the disease. We never believed in this conclusion, and we do not now. If it was justifiable then, we venture to hope that it is no longer so. We have lately published accounts of the action of salicin and salicylic acid in acute rheumatism in a certain number of cases, which seem scarcely to allow us to doubt that these substances cut short the process of acute rheumatism as certainly as quinine cuts short the process of intermittent fever. Dr. Maclagan, of Dundee, explained, in *The Lancet* of March 11th, how he came, quite independently of, and prior to, any other physician, to treat rheumatic fever with salicin. He regarded the disease as miasmatic in its origin, like ague, and likely, therefore, to yield to a medicine of virtue in intermittents. This theory is of little consequence. We think it almost certainly a wrong one. But it led him happily to the use of salicin, and the salicin stopped the rheumatic fever in six or seven cases. That is to say, that a patient with anxious face, a temperature of 102° and over, acid sweats, joint-pains, &c., would, in twenty-four or forty-eight hours after, experience a great diminution of pain and a fall of two of three degrees of temperature, and in four or five days be free from pain and convalescent. In other words, the course of the malady was changed from that of a disease requiring six weeks to that of a febricula, extending over less than six days before the return to a normal temperature and entire freedom from pain. This is a promising result, and, if it should be confirmed by a larger experience, will be a matter of congratulation to mankind.

On the 8th of April our "Mirror" contained particulars of four cases treated in St. Mary's Hospital by Dr. Broadbent with, not salicin, but salicylic acid, in accordance with the practice of Stricker, of Berlin. The results were as striking as in Dr. Maclagan's cases. Temperature came down rapidly, and pain was relieved quickly.

We cannot forbear noticing in an editorial way such important therapeutical statements as these, if it were only for the purpose of asking practitioners without delay to test them by a use of the remedy in similar cases. Dr. Maclagan gives salicin in preference to salicylic acid. Doubtless the action of both in rheumatic fever is identical, but he gives good reasons for preferring salicin. We must guard our readers from supposing that we consider the power of salicin or salicylic acid settled by these experiments. It will take a very much larger number of cases to decide this question or any similar one. We have too often been lifted up in regard to the power of medicines only to be cast down again. But enough has been done of late years to make us more hopeful and less sceptical. Dr. Wilson Fox's results in cases of rheumatic hyperpyrexia, the effects of veratrum viride in the hands of Dr. Silver in relieving pain and reducing temperature in the disease under consideration, the similar effects in other hands of quinine in conjunction with alkalies and opiates, warrant us in hoping that rheumatic fever will soon be recognised as one of the diseases in which physicians can be something more than students of natural history. We shall be glad to publish well-reported cases bearing on the efficacy of the salicin or salicylic acid.—*The Lancet.*

CASES OF EXSECTION OF HIP-JOINT.

Dr. L. A. Sayre, (New York Pathological Society) presented specimens and read the histories of eight cases of morbus coxæ, in which he had exsected the hip-joint. The first case was a child four years old; family history good; parents did not remember that the patient had received any injury. The child was greatly debilitated, owing to a profuse discharge of pus proceeding from the affected joint. On March 28th, 1875, exsection was performed. On opening the joint, it was found that the head and neck of the femur had been absorbed, and that the upper portion of the shaft was covered with a thick involucrum. The femur having been sawn off below the lesser trochanter, it became a necessity to remove an additional fourth of an inch of the bone, which was diseased. The patient was then placed in a wire cuirasse.

June 13th, 1875.—Sinuses nearly closed. Patient placed in long extension splint.

January 1st, 1876.—Can walk with splint applied; some motion at hip-joint; sinus on posterior of ilium not entirely healed.

The second case was that of a boy, aged five years; family healthy. Two years and a half before, the patient fell and struck his knee, from which time the disease dated. Blisters had been applied at intervals, at the seat of the disease. When Dr. Sayre saw the patient, he was greatly emaciated, and the disease of the hip-joint was in its third stage. On April 31st, 1875, the joint was exsected. The head of the femur had been partly absorbed, and a portion of it was lying loose in the cavity of the joint. Perforation of the acetabulum was detected, and the neck and part of the shaft of the femur were absorbed.

February 2nd, 1876.—Sinus closed. There is motion at joint. Can stand upon leg on removal of splint.

The third case was that of a girl, six years of age; family history good; no recollection of having received any injury. Has been lame since February, 1872. When Dr. Sayre saw the case, the following condition was observed: The leg was shortened, fixed and adducted, and two sinuses were found on the anterior aspect of the thigh. Exsection was performed on March 31st, 1875. The head and great part of the neck of the femur had been absorbed, and the acetabulum perforated to the extent of half an inch in diameter. The femur was sawn off half an inch below the lesser trochanter. Fragments of dead bone were removed from the acetabulum. In August, 1875, the child had almost thoroughly recovered.

The fourth case was that of a girl, aged five years. The patient, when seen by Dr. Sayre, was in the third stage of the disease. No history could be obtained. There was partial anchylosis of the limb, and in the position usually characteristic of hip-joint disease. Several sinuses were found, opening on the posterior parts of the thigh. The usual operation was performed on September 22nd, 1875. The head had been absorbed in great part; its remaining portion was unattached in the joint. The acetabulum was perforated; in the opening were found remains of the head of the femur. The femur was sawn off above the lesser trochanter.

November 18th, 1875.—Patient removed from the cuirasse and placed in a long splint.

February 2nd, 1876.—Since the application of the long splint, the patient has been walking about. The long splint was removed, and instead a short hip one was applied. The sinuses were almost closed.

The fifth case was that of a girl, aged three years, of healthy parents. No history of injury. The first indication of the disease appeared in the summer of 1874. During the summer of 1875 an abscess made its appearance on the posterior aspect of the thigh; this continued discharging at the time the operation was performed. There was anchylosis, shortening, and adduction of the limb. On September 29th, 1875, exsection was performed. Absorption of the head, neck, and part of the greater trochanter had occurred. The acetabulum was perforated. The dead bone having been removed, the patient was placed in a cuirasse.

December 13th, 1875.—Patient can walk about.

The sixth case was a girl, seven years old; she had jumped from a high stoop two and a half years before the operation, from which time she complained of her hip. A diagnosis of morbus coxæ, in the second stage, was made by a physician who saw her three months after the occurrence of the accident. The application of a short splint was resorted to, and worn by the patient for three months with benefit, but was discarded during an attack of scarlet fever and was never reapplied. The limb was flexed, adducted and anchylosed at the time of the operation, and a number of sinuses were seen near the hip, through which, when a probe was introduced, could be detected the presence of dead bone. The exsection of the hip was performed on December 15th, 1875. Partial absorption of the head of the bone had taken place. The femur was sawn off below the lesser trochanter.

February 2nd, 1876.—Patient placed in long splints.

The seventh case was a boy, aged nine years, whose mother died of phthisis. The disease existed for three and a half years before the patient's admission to Bellevue Hospital. On entering the hospital, flexion of the right leg at the hip and knee joints existed, and an abscess was detected over the right anterior spinous process. Symptoms of amyloid degeneration of the liver and kidneys were manifested. Exsection was performed on February 2nd, 1876. The head was partly absorbed and the acetabulum perforated, through which the head of the femur had passed, making luxation impracticable until the bone had been sawn off below the trochanter minor. There was some hemorrhage from the involucrum, which was controlled by a compress. The child was placed in the wire cuirasse, which had subsequently to be removed, on account of a bed-sore. It had then to be placed on a water bed and a splint applied to the unaffected side. The patient died on April 19th, 1876, from exhaustion. On post-mortem examination, it was found that the liver, spleen and kidneys were waxy.

The eighth case was that of a boy eight years of age, whose family history was good. Five fistulous tracts, leading to diseased bone, were detected by Dr. Sayre. Exsection was performed on April 5th, 1876. The head and neck of the femur were absorbed, and the acetabulum was perforated. An abscess was found to exist between the ilium and inner periosteum.—*Med. and Surg. Reporter.*

Reports of Societies.

MINUTES AND PROCEEDINGS OF THE ONTARIO MEDICAL COUNCIL.

First Day's Proceedings.

The annual meeting of the Medical Council of Ontario was held in Toronto, commencing Thursday the 6th inst., and continued in session four days.

The following members were present:—Drs. Aikins, Bethune, Campbell, Clark, Ross, Allison, McLaughlin, Berryman, Bogart, Carson, Brouse, W. Clark, Cornell, Edwards, Henderson, Dewar, Grant, Logan, Lynn, Henwood, Hyde, Irwin, Lavell, Macdonald, Morden, Morrison, Muir.

The President, Dr. Edwards, took the chair shortly after three o'clock. The minutes of last meeting were read.

The President, in retiring from that position, said that his opinion in regard to the Medical Council was that if rightly managed it should occupy the same position and enjoy the same confidence in Ontario which the Medical Council of Great Britain did in the Old Country. He referred to the fact that the Executive Committee had waited upon the Ontario Government and asked them for a grant whereby the Council might have a local habitation, a pathological museum, and a library; but for some reason the Government had not granted the request. He thought the time had now come when stay of proceedings should not be granted in prosecution of unlicensed practitioners, except in very exceptional cases. Ample time had been given medical men to pass the examinations and be registered according to law. He thought the Council should now take action in this matter, and not leave it any longer to the Executive Committee and the medical profession. He felt that the Council had failed in the appointment of prosecutors in the different counties. These gentlemen took but very little interest in the duties of their position, and would not undertake prosecutions unless a medical man would enter the complaint and take the whole odium of the case. He thought the Council should take some steps to rid the country of unlicensed practitioners who were swarming in the western part of the Province. With reference to the examiners, of whom so much had been said, and of whom so much had appeared, his feeling was that it was wise in the Council to have appointed the examiners among themselves. but that the time had now come when they should be appointed from outside the Council altogether. (Hear, hear.) It would be the painful duty of the Council to institute an investigation into the causes of the scandal which had unfortunately artached itself to the conduct of the recent spring examiners. In fact the Council had been called together a month or six weeks sooner than it otherwise would have been on account of the discreditable charges which had been brought both by the public and by the medical press against their Board of Examiners. Being a member of the Board and responsible to the Council, it would not become him further to enter upon the subject than to call their attention to it, and to ask for the fullest, the most searching, investigation, and that they would take such a course in the matter as in their wisdom they might think proper.

ELECTION OF OFFICERS.

On motion, Dr. Daniel Clarke was appointed President for the ensuing year, and Dr. Campbell Vice-President.

Dr. Brouse moved, seconded by Dr. Aikins, that the Standing Committees of last year be re-elected, which motion was carried, the only changes being the appointment of Dr. Edwards and Dr. Hodder to take the places of the newly elected President and Vice-President on those Committees.

PETITIONS.

Petitions were presented from Dr. Hope and others, of Belleville, praying that the Council might grant registration to certain graduates of McGill College, Montreal; and from Dr. Hubenstreet of Buffalo, enquiring by what means he could be legally qualified to practice in Ontario.

THE EXECUTIVE COMMITTEE.

Dr. Dewar presented the report of the Executive Committee. It stated that the Committee met on the 19th July, with Dr. Dewar as Chairman, and that they proceeded with the nomination of prosecutors, and resolved that they should receive no fees for expenses in prosecuting except such proportion of the fees collected as may be allowed by resolution of the Council. A deputation waited upon the Government to ask for aid towards defraying the cost of the examinations, but their efforts were not sufficiently satisfactory to the profession. The Committee presssed upon the Government the necessity of remuneration to medical witnesses, and the payment by the Government of the expenses of examiners. The Committee recommended that a new method should be instituted for prosecuting unlicensed practitioners, and that a new code of rules and regulations should be framed.

Dr. McLaughlin stated that he understood the Committee first asked the Government for $1,000 and subsequently increased their demand to $5,000. If this were true it might account for the non-success of the application.

Dr. Campbell said that the first sum merely referred to the expense of examinations. The

second application embraced a much wider view, and looked forward to a system of medical examinations, with illustrative specimens, and the establishment of a library and museum. What they had asked was not unreasonable, considering that the Veterinary College had received $2,000 from the Government. There was a probability, too, that the College of Technology might be given over to the Council, and in that case they would require an increase of funds to provide for extra work. What the Government had objected to was the principle of granting the aid sought for by such an extensive association as the Medical Council.

THE BOARD OF EXAMINERS.

Dr. Campbell presented the report of the Board of Examiners for the Autumn and Spring examinations.

There were 137 candidates who entered their names for the spring examination. Of these 42 received the licence of the College; 60 passed the primary examination; 15 were rejected in whole; 3 were not present at the oral examinations; 15 did not appear; one passed the first year's examination, and one was put back for breach of rules.

The Chairman alluded to the comments that had been made in the public press in regard to the result of the late examination.

Dr. Clarke suggested that it would be better to postpone discussion on the matter for the present.

Dr. Campbell said he wished the press, who had circulated the scandal about the examiners, to know that it had not the slightest foundation.

Dr. Berryman said he wished to clear himself of any reflection that might be cast upon him owing to a clause in the report, stating that the examinations were delayed owing to the lateness of the return of papers from the representatives of Victoria College and Trinity College. He was the representative of Victoria College, and felt some explanation was required. He was examiner in three different subjects, botany, toxicology, and sanitary science, and had about 300 papers of about 12 pages each to go over between Friday and Tuesday. He had two branches ready by Tuesday, and the schedule of the third by the following morning. He found it impossible without, desecrating the Sabbath, to finish all three branches by Tuesday.

Dr. Grant said that in his opinion the matter was one of grave importance. The reports that had been circulated in the newspapers were decidedly injurious to the profession if not disproved, and it was their duty to institute a rigid and thorough investigation. If they wished to elevate the standard of the profession, they must first set a good example to the young men who came up to them for examination. He believed that a good deal had been done in this direction, and the students now found it necessary to have a thorough knowledge of the subjects they were examined upon. Before they closed their labours that session they should endeavor to regain the confidence that the reports circulated in the press must have shaken. He moved that a Special Committee, consisting of Drs. Brouse, Logan, Morrison, Bethune, Muir, and Ross, be appointed to enquire into matter of the recent examinations, and report to the Council.

Dr. Macdonald seconded the motion, and hoped that the matter would be thoroughly sifted. He trusted that on enquiry the newspaper reports would be found to be exaggerated.

Dr. Clarke (Guelph) trusted that there would be a thorough investigation, for the sake of those examiners who had honestly worked in the interest of the profession. The Board of Examiners had only been too anxious to do their duty, and being too anxious, perhaps did too much.

Dr. Dewar said he would be glad to make the Committee aware of every circumstance with which he was acquainted.

Dr. Brouse said he hoped that an invitation would be extended to all those who were acquainted with any facts bearing on the matter to appear before the Committee and give evidence. He trusted that those who had made statements derogatory to the profession, and had scattered them broadcast throughout the country, would come forward and make good their statements.

The motion was carried.

TREASURER'S REPORT.

The Treasurer, Dr. Aikens, submitted his statement, which was referred to the Finance Committee, as follows :—

RECEIPTS.

Balance on hand	$3,368 40
Fines upon illegal practitioners	124 70
Dr. Pyne, Council moneys	1,233 13
Matriculation Fees	698 74
September Examinations	930 00
April Examinations	2,820 00
Interest	67 51
Sundries	11 50
Total	$9,253 98

EXPENDITURE.

Expense of last meeting of Council	$1,071 04
Accounts passed by Finance Committee	884 22
Other accounts	52 55
Returning-officers' Fees	60 00
Prosecution of illegal practitioners	85 00
Registrar's Salary	600 00
Expense of October Examinations	657 40
" April "	730 25
Rebates to Rejected Students	272 00
Executive Committee	641 40
Postage	2 14
Balance in hand	4,197 98
Total	$9,253 98

RULES AND REGULATIONS.

Dr. Campbell's Bill to amend the by-law in regard to rules and regulations was read a first and second time and referred to a Special Committee, to be named by the President.

Second Day's Proceedings.

The Council assembled at 10 a.m., but after the transaction of routine business, adjourned, to admit of the various committees proceeding with their work.

Dr. Allison moved "That the Committee of Education be instructed not to recommend any member of the Council for examiner, but that members of the profession outside the Council who have been selected by medical associations, or others whom the Committee have reason to believe capable of performing the duties, be recommended to the Council for appointment."

He said that he had consulted his constituents in regard to this matter, and in making the motion which he had just read to the Council he was giving expression to their wishes. They all knew the feeling of the profession throughout the country about these examiners. The feeling was that the Council should not act in defiance of, but in accord with the profession. The various medical associations were, he believed without an exception, in favor of having the examiners chosen from the profession generally. He was convinced that a rural medical man was just as capable of performing the duties of examiner as those who had heretofore acted as such, for he noticed that some of the questions given by them were very ridiculous, having been taken almost *verbatim et literatum* from the text books.

Dr. Hyde seconded the motion. While he supported its principle most cordially, he thought it would be better to let the matter remain in abeyance until the Special Committee appointed in regard to the late examinations should have reported.

After some discussion it was agreed that the motion should be laid over.

Dr. W. Allison moved, seconded by Dr. McLaughlin, "That leave be given to introduce a by-law to fix and determine the salaries of certain officials and others, with a view of more effectually carrying out the provisions of the Medical Act of Ontario."—Carried.

The by-law was read a first time.

Dr. Cornell presented the Report of the Printing Committee.

The Council went into committee on the report. Some discussion ensued on the clause referring to the loose manner in which several accounts had been incurred, by members of Council having authorized advertisements and printing without the knowledge of the proper officials.

The Committee recommended that advertisements be inserted in two papers, and the President only be authorized to give orders for the same.—Carried.

Third Day's Proceedings.

The Council met at 10 o'clock a.m.

FINANCE COMMITTEE.

The Finance Committee reported that they had found the Treasurer's accounts to be correct, and that there was a balance of over $4,000 in hand. It was recommended that $50 additional be paid to the Treasurer, as remuneration for his services. They further stated that the expenses for the Executive Committee had amounted to $700, and recommended that the number of its members be reduced.

Dr. W. Clark introduced to the Council a deputation from the Medical Association of the county of Waterloo, consisting of Dr. Walmsley, President of that Association, and Dr. Bowlby, who, it was stated, would present a case for the consideration of the Council.

The President welcomed the deputation in the name of the Council, and stated that as soon as the nature of the case was made known the Council would do all in their power to settle the difficulty. After referring to the fact that their body constituted the Medical Parliament of Ontario, and that all matters of dispute would be willingly adjudicated upon by them, he said he thought that before proceeding to discuss the matter it would be necessary that the true nature of the case be made known.

Dr. Dewar then moved, seconded by Dr. Hyde, "That the deputation be allowed to lay their case before the meeting."—Carried.

Dr. Walmsley stated that they appeared before the Council to oppose the licensing of a woman named Eby, of Berlin, (who claims to have formerly practised under the Eclectic system.) The ground of their complaint was that Mrs. Eby was not a properly qualified person. Another reason was that if this woman was licensed, it would be held as a precedent. He thought that the papers in connection with the application had better be read.

Dr. Bowlby said he had no objection to Mrs. Eby's practising midwifery; on the contrary, he considered she had been decidedly useful, and he was entirely opposed to prosecuting people of her class; but he understood that steps had been taken with a view to procuring a license for her, and he was decidedly opposed to this. She was not a properly qualified person, and were a license to be granted to her it would be doing an injustice to those who had spent the best part of their lives in studying previous to passing the prescribed examination. So long as Mrs. Eby continued to prac-

tise midwifery only he would be content to let her alone. It would be a very different matter, however, if the applicant were to be placed on an equal footing with themselves; and it was the prospect of this that had brought him there to-day to oppose the application.

Dr. Dewar then moved, seconded by Dr. Hyde, "That all the papers in connection with the case be received by the Council, and that the whole case with these papers be remitted to the Registration Committee for consideration, and that said Committee be asked to take immediate action." Carried.

REPORT ON EXAMINATION IRREGULARITIES.

Dr. Grant, chairman, read the following: The Committee called various witnesses and made a full enquiry into the subject of the recent medical examinations, and beg to submit the following:—

1. The written examination was regular and satisfactory in every respect, except in the case of a German student, whose papers were passed in an irregular manner and contrary to the directions of the Council, although his standing was sufficiently high to enable him to qualify.

2. The chief irregularity was brought about in the oral examinations, owing to the unexpected absence (at the appointed time) of Drs. Bethune and Berryman, thus occasioning the delay complained of by the students. To obviate such in the future, we would recommend to the Council that a change be made in the examiners, being fully of opinion that on so important an occasion the carrying out of the examination should be attended with promptness and regularity.

3. In future the students presenting for examination should be provided with an ante-room, so as not to obstruct the proceedings of the examiners by outside irregularities, such as experienced during the present examinations.

4. For the future your Committee would recommend that every possible care be taken to maintain the honor and dignity of the position, that every degree of justice be accorded to those coming forward for examination, and that no intercourse between examiners and students, such as would indicate the points of examination, should take place.

5. The examinations as a whole were satisfactory. Still, while regretting exceedingly that any irregularities should have taken place, we are of opinion that the published accounts of such were considerably overdrawn.

6. In the performance of the duty assigned your Committee, every opportunity was afforded all concerned to give such evidence as would in any way clear up the point at issue, and we feel satisfied that for the future your honourable Council will have no occasion to consider such irregularities.

Several gentlemen who had been members of the Board of Examiners asked permission at this stage of proceedings to withdraw, that the Council might have an opportunity of discussing the report fully and fairly. Dr. Brouse moved the adoption of the report. Dr. Allison opposed its adoption, on the ground that there was nothing in it. A very grave charge had been made through the public press against the examiners, and he had hoped that the report would contain either express repudiation of the charges, or else censure those against whom the charges had been made.

Dr. Brouse thought that if the report was carefully considered, it would be found that the language was sufficiently pointed.

Some discussion followed, during which Dr. Berryman spoke at some length in his own defence, and concluded by saying that if he had a friend in the Council, he hoped that he would move that the clause referring to him be expunged.

Dr. Brouse replied that he hoped Dr. Berryman would not press the matter any farther. He (the speaker) held evidence in his hand which, if read by the members of the Council, would not induce them to make the report any milder, to say the least of it. The report was adopted.

Dr. Allison then moved, seconded by Dr. Hyde, "That the Committee on Education be instructed not to recommend any member of the Council for examiner; but that members of the profession outside of the Council who have been selected by the Medical Associations or others whom the Committee have reason to believe capable of performing the duties, be recommended to the Council for appointment."

In explaining his reasons for making this motion, Dr. Allison hoped the members would not oppose it without due consideration. Many members in the country were quite as competent to act as examiners as members of the Council. He wished to have the confidence of the profession in the country. The whole of the examiners should be outside the Council.

Dr. Hyde also spoke in favor of the motion, and thought that the present monopoly system should be done away with. He found no fault with the examiners who preceded, but he did not like a monopoly. The honor should be divided and bestowed upon members outside, at least there should be a fair share. The Toronto University changes its examiners every two or three years, and the Council should take a leaf from it. The Council should endeavor to regain the confidence of the profession.

Dr. W. Clarke spoke at length on the subject, after which

Dr. McLaughlan moved, seconded by Dr. Lavell, "That the Council will always endeavour to avail themselves of the services of the most competent examiners selected from the registered practitioners of Ontario."

Drs. Dewar, Bethune, Macdonald, Campbell and Berryman spoke against Dr. Allison's motion.

Dr. Ross was in favour of the motion of Dr. Allison. The question was one of much importance. It was apparent from the matters which had come up that day for their consideration that there was something wrong with the examiners. He thought also that it was unfair that none of the examiners were selected from outside of the Council.

Dr. Brouse moved, seconded by Dr. Irwin, "That the motion of Dr. Allison be laid on the table."—Carried.

Dr. Allison expressed his determination to bring the motion to a vote at a future sitting.

THE FINANCE COMMITTEE.

The Finance Committee submitted a supplementary report. The report stated that an examination of the Registrar's book showed that he had received on assessments made by the Council the sum of $1.190, which was comparatively a small portion of the amount due to the Council from the registered practitioners, and recommended that the annual fee for the current year be $1.—Carried.

REGISTRATION COMMITTEE.

Dr. Bethune brought up the report of the Registration Committee in the case of Mrs. Eby, which recommended "That the case be referred, out of courtesy to the representatives at large (Eclectics) in this Council, as the matter had heretofore been under their consideration."—Carried.

SELECTION OF EXAMINERS.

Dr. Allison's motion to alter the mode of appointing the Examiners was again brought up, and was voted upon without discussion.

Yeas.—Drs. Allison, Edwards, Hyde, Irwin and Ross.—5.

Nays.—Drs. AIKENS, BETHUNE, CAMPBELL, CARSON, WM. CLARKE, DEWAR, HENDERSON, LAVELL, LOGAN, LYNN, McDONALD, McLAUGHLIN, MORDEN and MUIR.—14.

SALARIES BILL.

Dr. Allison's Bill to fix the salaries of the officials was read a third time and passed.

The salary of the Registrar was fixed at $750 per annum; of the Treasurer, $250; the allowance to members of Council while attending its meetings, $8 per day, and travelling expenses, and the members of committees, $5 per day.

Dr. Pyne was elected Registrar, and Dr. Aikens Treasurer.

Fourth Day's Proceedings.

The Council met at 10 o'clock.

APPOINTMENT OF A PUBLIC PROSECUTOR.

Dr. Morden moved, "That a public prosecutor be appointed to institute proceedings against all irregular practitioners in Ontario, and to collect the annual fees from regular practitioners.

Dr. Logan, in seconding the resolution, explained that many parties were not prosecuted owing to local prosecutors refusing to act against illegal practitioners in their immediate neighbourhood, and consequently many physicians refused to pay the annual fee. What they required was to satisfy the profession that they were doing something for those who were registered practitioners.

Dr. Ross moved in amendment, "That this Council recommend the Electoral Division Association to institute the necessary prosecutions against illegal practitioners." He considered that if it were generally known that any one could prosecute and pocket the fine there would not be any difficulty in getting individuals to prosecute. Last year there was a public prosecutor appointed for this section, but that individual turned his back on them and went over to the qaacks, and so nothing was gained by it, and this Council was depreciated in the estimation of the public. It would be far better to establish electoral associations throughout the Province, and let the recommendation go forth from the Council advising them to institute the necessary prosecutions.

Dr. Dewar spoke of the success which had attended the prosecution of illegal practitioners in his division, Port Hope, but in other districts the prosecutions had not been so successful. He knew of instances where any amount of evidence was forthcoming, but Dr. So-and So would ask that his name should not be mentioned in connection with the case, and so the whole thing fell through. He was not in favor of the electoral associations, for they would not act with the Council in this matter, as medical men did not care about being looked upon as detectives.

After some further discussion on the subject, Dr. Ross's amendment was put to the vote and declared lost. Dr. Morden's motion was carried.

Dr. Wm. Clarke moved, "That Mr. Thos. Rolleston, of Walkerton, and Mr. Hogg, of Paisley, be public prosecutors for the county of Bruce."—Carried.

MEMBERS' FEES.

Dr. Carson moved, "That the members of this Council receive no fees for their attendance at the meetings of the Council of Ontario College of Physicians and Surgeons."

Dr. Allison moved, in amendment, "That the motion be laid on the table."—Carried.

VOTE OF THANKS.

Dr. Ross moved, seconded by Dr. Allison, "That this Council desires to convey to the Senate of the University of Toronto its sincere thanks for the use of the University buildings, and also to express its regret for the occurrences during the recent examin-

ations, and that this Council will use its utmost exertions to prevent the recurrence of the same in the future."—Carried.

Dr. Henwood moved, "That this Council make application to the Legislature of Ontario for the purpose of the Medical Act being so amended that the territorial divisions may return two members instead of one to this Council."

Dr. Henwood thought that by doubling the representation at the Council the interests of the profession would be served in a variety of ways. "In the multitude of council there was wisdom," and he had no doubt some valuable suggestions could hardly fail to be obtained from the additional representation. He also pointed out that they would have a larger number from which to draw their examiners.

Dr. W. Clarke did not want to have any agitation in the House about this matter, for they might get things they did not want. He advised them not to go before Parliament; they had bothered them enough already about various amendments to the Medical Act, which at the present time was working very well. If they doubled their number it would also double their expenses.

Dr. McLaughlin explained that the present term of the Council would be concluded before any alterations could take place. If the matter was postponed until next session it would be best. He hoped, therefore, that Dr. Henwood would withdraw his resolution.

Dr. Bethune, was opposed to the principle embodied in the motion. The Act was cumbersome enough already; he agreed that the matter was one of importance, but he thought it would be best to lay it over.

Dr. Ross was in favour of the number of the Council being increased, which he believed would be satisfactory to the profession, especially in view of the fact that the present council is evidently inclined to create a monopoly by appointing from their number the greater portion of the examiners.

The motion was allowed to lie on the table.

RULES AND REGULATIONS REPORT.

Dr. Dewar, from the Committee on Rules and Regulations, reported that in the case of Dr. John L. Burkhart, the gentleman now named if practising in Ontario, was doing so illegally, as Dr. Edwards' temporary permit would not be valid after the spring examinations.

Your Committee further report that they have received a tariff of fees from the Territorial Association of Saugeen and Brock, and recommend the acceptance of same by the Council and that it receive the signature of the President. Your Committee also recommend that the claim of Dr. Campbell, for expenses incurred in carrying out the instructions of the Executive Committee in making applications to the Legislature of Ontario and the Dominion Parliament for Government aid to this Council and in endeavouring to obtain a proper tariff of fees, to the amount of $40, be paid.—Carried.

PROCEEDINGS OF COUNCIL.

Dr. Clarke presented the report of the Special Committee appointed to regulate the proceedings of Council. The Committee had only time to examine the by-law to end of section 8, sub-section 2, and certain corrections in said by-law, and recommend that same corrections be embodied in said by-law, and that 100 copies of the said by-law, be printed for distribution by the Registrar to members of Council.—Carried.

REGISTRATION COMMITTEE.

Dr. Bethune presented the report of the Registration Committee. The Committee recommends that Dr. F. L. M. Grassett be allowed to register on passing the final examinations before the examiners, of the College of Physicians and Surgeons of Ontario, and that such examination be passed within one year from the present date. That the persons referred to in the petition of Dr. Hope and others, and also the case of Dr. Chaffey be allowed to register on compliance with the terms contained in the foregoing clause as applied to Dr. Grassett. Dr. R. H. Hubenstreet, of Buffalo, be referred to the clause respecting the annual examinations which applies to his case, and that the Registrar be instructed to forward him copies of same. 93 persons have registered since last report; 124 names have been added to the student's list, and the Registrar has received notice of 12 deaths.

In reply to Dr. Dewar, it was stated by Dr. Bethune that Dr. F. L. M. Grassett had not passed his primary examination. There were many cases of the same kind coming up, and the Committee thought they would allow this matter of registration to stand for another year, with a view of eventually getting rid of it. He believed it was thoroughly understood that this would be the last year of such registrations being allowed.

Dr. Clarke considered it would be impossible for the Council to agree to such a resolution. They would have to repeal the by-laws and almost the whole statute if they allowed this to pass, as the examinations were fixed by by-law.

Dr. Lavell stated that he had known young men snapping their fingers at the Council, and stating that they would go to England and get themselves registered in spite of the Council.

Dr. Dewar said this same subject had been discussed before the Council a year or so ago. He would move, "That the clause referring to the registration of the medical men be expunged from the report."

Dr. Aikins considered that if they gave way in this matter they might as well throw away the Act. It was unfair that persons studying at other places

and then coming back here should be recognized, and their own University not recognized at all.

Dr. Bethune proposed to amend the clause by striking out all words after "register," and insert the words "on complying with the rules of the Council."—Carried.

EDUCATION COMMITTEE REPORT.

Dr. Clarke presented the Education Committee's report:—The Committee recommend the following changes in the curriculum: Elementary Botany (text-book Gray's first lesson) to be added to compulsory subjects in matriculation, and expunged from the medical curriculum; also that 6, 7 and 8th books of Charles XII be substituted for 1, 2 and 3rd books, and that "Stewart's Physics," be added as a text book in natural philosophy. The medical examinations for 1877 to be held in Toronto and Kingston, at such time as may be fixed by the President; that all students commencing their attendance on medical lectures after July, 1876, must submit to the annual examinations. The unsuccessful candidates in matriculation to have the usual rebate. The following were recommended as examiners on the subjects assigned them: Medicine, Medical Diagnosis, Pathology, and Medical Botany, Dr. F. Fowler; Surgery and Surgical Pathology, Dr. Robertson; Materia Medica and Sanitary Science, Dr. H. H. Wright; Midwifery, &c., &c., Dr. Workman; Chemistry, theoretical and practical, Dr. Morrison; Anatomy, descriptive and surgical, Dr. McLaughlin; Physiology and Microscopic Anatomy, Dr. Grant; Medical Jurisprudence and Toxicology, Dr. Logan; Homœopathic Examiner, Dr. Morden; Matriculation Examiners, Messrs. A. McMurchy and S. Woods.—Carried.

The examiners' allowances were set down at $100 each. The matriculation examiners to receive $2 for each candidate as before.

Detective Smith, of Toronto, was appointed public prosecutor for Ontario.

The usual votes of thanks were passed, and a present of $100 was unanimously voted to Dr. Campbell, the Vice-President, for his arduous labours in the interests of the Council.

The Council then adjourned *sine die*.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The annual meeting of the above Association was held on the 14th ult., at Perth. The following medical gentlemen were present:—Dr. Grant, Ottawa, President; Drs. Hill, Sweetland, Bentley, Lynn, Wilson, Malloch, Horsey, Wright, Henderson, Cranston, Patterson, Bell, McEwen, Anderson, Preston, Munro, Campbell, Lanark, ;Pickup, Howden, Kellock and Grant.

The minutes of last meeting were read, and approved.

The President then delivered an able and interesting address, which will be in another column.

The following officers were elected:—

President (*ex-officio*)—Dr. Grant. 1st Vice-President—Dr. Patterson. 2nd Vice-President—Dr. Preston, M.P.P. Treasurer—Dr. Hill. Secretary—Dr. Lynn.

Executive Committee—Drs. Cranston, Anderson, Bell, Kellock, Dickson, Giles, Sweetland, Wright and Malloch.

The President appointed Drs. Henderson, of Ottawa, and Howden, of Perth, to read papers at the January meeting in Ottawa.

Dr. Pickup, of Pakenham, formerly Assistant Medical Superintendent at Beaufort Asylum, read an interesting paper on "The Nature of Insanity."

Dr. R. W. Bell, of Carleton Place, read a carefully prepared paper on the "Sanitary Influence of Light."

A short discussion, participated in by members present, followed, upon the leading points of the foregoing papers. The authors were thanked, and requested to send them for publication to the CANADA LANCET.

Dr. Cranston moved, seconded by Dr. Hill,—That this Association desires to record its approval of the action of the Medical Council in removing from the Examining Board those gentlemen against whom charges of irregularity at the last Medical Examinations had been brought and proven.

This motion, which was an amendment to one proposed by Dr. Sweetland couched in stronger language of disapproval, was, after a lengthened discussion, carried by a small majority. The general feeling appeared to be that the medical profession had suffered by the grave "irregularities" of certain medical examiners, which it was desirable to condemn very strongly.

Dr. Preston moved, seconded by Dr. Patterson, That for the future it is the wish of this Association that the Examiners should be chosen from the general Profession as well as the Medical Council and teaching bodies.—Carried.

Dr. Sweetland brought up questions relating to the tariff, and the difficulties in connection with the collection of medical accounts.

Moved by Dr. Bell, seconded by Kellock,—That the question of a code of medical ethics for regulating professional intercourse amongst medical men of this Association, be referred to the Executive Committee for consideration, and report thereon at the next meeting.—Carried.

A vote of thanks was tendered to the Chairman and Secretary, after which the meeting adjourned. In the evening a supper was given in the Allan House to the members of the Association by the resident physicians in town, the Mayor, Judge Senkler, members of the Press, etc.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JULY 1, 1876.

VACCINATION AS A PREVENTIVE OF SMALL-POX.

We are in receipt of a very able essay on this subject by Dr. W. C. Chapman, Vice-President of the Toledo Medical Association. Dr. C. commences with a natural expression of surprise and indignation, that in this year of grace 1876, unreasonable and fatal prejudice against it should exist in the minds of any educated or intellectual individual, and by way of showing in the most unmistakable manner, the losses sustained by a community from the prevalence of a small-pox epidemic, he quotes the following passage from a paper presented by Dr. Benjamin Lee, of Philadelphia, at a meeting of the Public Health Association in Baltimore. "An approximate determination of the loss sustained by the city of Philadelphia, in dollars and cents, in consequence of the presence of a small-pox epidemic in the winter of 1871–2, and placing side by side with this the degree in which the loss might have been prevented by judicious sanitary legislation legally enforced. The total loss sustained during the epidemic of those years is placed at the enormous figure of nearly twenty-three millions of dollars, and Dr. Lee believes that 90 per cent. of the cases, and 97½ per cent of the deaths could have been avoided, and that less than three-quarters of a million dollars would have represented the total loss by sickness, death and disability. Averaging the value of a human life, he finds that the actual loss sustained by reason of sickness, death and disability, was nearly sixteen and a half millions of dollars. He then reviews the history of the origin and spread of small-pox, in former centuries, with its frightful attending mortality, in an exhaustive manner, inclining to the belief that the disease described by Procipius, which made its appearance in Egypt in the year 544 was true small-pox. Europe was not long free from its invasion. Gregory, of Tours, speaks of a disease which appeared in southern Europe in the year 581. From the description given by him, the character of true small-pox is apparent. In the Harleian manuscripts, published some time before the year 900, the word Variola is used, and Moore in his history of small-pox, states that the word occurs in the Bertinian Chronicles, published in the year 961. The dread in which the disease was held by the people, is shown by the following prayer, found in the first named manuscript: "In the name of the Father, of the Son, and of the Holy Ghost, Amen. May our Saviour keep us; Lord of Heaven, hear the prayers of thy men-servants and of thy maid-servants; O Lord Jesus Christ, we beseech thousands of angels, that they may save and defend us from the fire and power of the small-pox." Dr. C. then traces down successive epidemics to the end of the eighteenth century, discusses the question whether it was coeval with creation or had a subsequent beginning, and whether the same causes which originally produced, may reproduce it without contagion. He rather inclines to the belief, that although the doctrine of spontaneous origin admits of being supported by ingenious and plausible arguments, the weight of evidence is decidedly in favor of the invariable origin of small-pox by contagion. He then gives the history of the introduction of inoculation as a palliation, by Lady Mary Wortley Montague, its subsequent abandonment from its proven ability to spread the disease as readily through the community from an inoculated case of small-pox, as from a natural one. From this he passes on to a glowing eulogium on Jenner, the generally believed discoverer of vaccination as a prophylaxis. We say generally believed, because we apprehend the evidence extant to prove that to Jenner is due only the merit of elaborating, with great care and labor the discovery of another, is known to comparatively few members of the profession. In evidence of this we translate from *Trosseau's Medical Clinique* Tome Premier, page 43 the following passage: "The idea is far from me, of contesting the honor due to Jenner for the discovery of vaccination; it is necessary however for historic truth to make known the various documents which have been collected re-

cently in the *Gazette Medicale de Lyon*, documents borrowed from the London *Lancet* of the 13th of September, 1862, and which would appear to establish incontestably that a Gloucestershire farmer, Benjamin Jesty, was the first to try in 1774, inoculation of cow-pox, which he practised on his wife and his two sons, with the view of rendering them exempt from epidemics of small-pox. The same journal contains a letter from Mr. John Webb, from which it would appear that small-pox may be communicated to the cow, and that those who take from the cow this small-pox, so modified, become after some days of restlessness, exempt from variolous contagion. Trousseau then quotes from the London *Lancet* of the 25th of October, 1862, a recital of the circumstances that led to this discovery by Benjamin Jesty, also a letter from Mr. Alfred Hairland, on this discovery of Jesty's, an extract from the annals of the Vaccine Institution, and lastly the epitaph on Jesty's tombstone, which reads thus: "Sacred to the memory of Benjamin Jesty, who departed this life the 16th of April, 1816, aged 79 years. He was born at Yetminster in this county, Dorsetshire. An upright, honest man, particularly noted for having been the first known person to practise the inoculation of cow-pox, and from his great strength of mind to undertake the experiment of vaccinating his wife and two sons in the year 1774." If Jenner was not, as it would thus appear, the discoverer of Vaccination, unquestionably to him belongs the honor of familiarizing the public mind with its preventive powers. Jenner published his first essay upon the subject in the spring of 1798, entitled: "An enquiry into the causes and effects of the Variola Vaccine, a disease discovered in some of the western counties of England, particularly Gloucestershire, and known by the name of cow-pox." Dr. Chapman arranges the subject of vaccination under the four following queries. 1st. Does vaccination protect the system from the contagion of small-pox? 2nd. Why does the protective power of vaccination become so impaired as to render re-vaccination advisable? 3rd. What causes have prejudiced the public mind against the operation of vaccination?

4th. What measures should be instituted to enforce a due appreciation of the benefits of vaccination? We propose epitomizing his views on these four queries. Dr. Seaton, in reporting the results of vaccination in Scotland and Ireland, says, that in the twelve years, from 1853 to 1864, there was an annual death-rate in the former country of 1,054, there being no vaccination act prior to 1863. In the years 1865, '66, '67, '68 it was respectively 175-200, 124 and 25. In Ireland, from 1830 to 1840, the annual average mortality was 5,800; from 1840 to 1850 it was 3,827, and from 1850 to 1860 it was 1,272. Vaccination became compulsory in 1863, and in the years 1864, '65, '66, '67, '68, they were respectively, 854, 347, 187, 20, and 19. In the first three months of 1869 there were only three deaths, and in the next quarter of the year none. Professor Aitken in his report to the Epidemiological Society of London, proves the beneficial influence of even an imperfect enforcement of vaccination enactments by the following statistics:—1st. To prove the influence of vaccination in England, it is shown that out of every 1,000 deaths in the half century from 1750 to 1800, there were 96 deaths from small-pox; and out of every 1,000 deaths in the half century from 1800 to 1850, there were only thirty-five deaths from small-pox. 2nd. To prove the influence of vaccination on the Continent, it shows that in various German states sufficient evidence can be obtained to show that out of every 1,000 deaths *before vaccination was used*, 66.5 were deaths from small-pox; but that out of every 1,000 deaths in the half century from 1800 to 1850, after vaccination came into use, the deaths from small-pox were only 7-26. 3rd. To prove that in countries where vaccination is most successfully carried out, small-pox is least mortal, it is shown that in this country (England) where vaccination has been voluntary, and frequently neglected, the deaths from all causes being 1,000, the deaths from small-pox were as follows: London 16, Birmingham 16.6, Leeds 17.5, England and Wales 21.9, Perth 25, Paisley 18, Edinburgh 19.4, Glasgow 36, Galway 35, Limerick 41, Dublin 25.6, Connaught 60, all Ireland 49. In other countries, where vaccination has been more or less compulsory, the deaths from all causes being 1,000, the deaths from small-pox were as follows:—Westphalia 6, Saxony 8.33, Rhenish Prov. 3.7, Pomerania 5.25, Low Austria 6, Bohemia 2, Lombardy 2, Venice 2.2, Sweden 2.7, Bavaria 4. Dr. Balfour has collected statistics from the records of the British army and navy. It is shown that in one branch of the service, with an aggregate strength of 44,611 during the twenty years from 1817 to 1836

inclusive, there were only three deaths from small-pox, in a total mortality of 627. During the same period, among the troops of Gibraltar, the aggregate strength being 44,611, and a total mortality of 1,291, there occurred only one death from small-pox. At Bermuda, Nova Scotia, New Brunswick, Cape of Good Hope, and the Mauritius, there were no deaths from small-pox for twenty years, and in Western Africa, where the unprotected population was dying by hundreds, there were no deaths from the disease among the troops stationed in that region of country. It is thus shown conclusively, that since the introduction of vaccination, the rate of mortality has been reduced in those portions of the world where the operation has been enforced.

THE COUNCIL AND EXAMINING BOARD.

In another place will be found the report of the proceedings of the meeting of the Medical Council of Ontario, which was held in Toronto, early last month. The meeting was much more orderly and business-like than any which has taken place for many years past. Almost the first business, after the election of the President and Vice-President, was the appointment of a committee to investigate the irregularities, which took place last spring, in connection with the examining board. This committee sat with closed doors, and examined such evidence as was voluntarily adduced, the majority of the witnesses being members of the examining board. The report which was submitted to the Council and adopted, showed, even on the strength of such evidence as was to be obtained from voluntary witnesses, that certain irregularities did take place; their exact nature however was not stated. The names of two gentlemen were mentioned in this connection, one of whom is outside the Council, and the other formerly a prominent member, but who seems suddenly to have lost cast entirely. Only a few months ago he was so strong in the confidence of the members of the Council, that he was appointed examiner in no less than three different subjects. It was hardly to be expected that any ordinary person could examine so many papers from Friday afternoon until the following Tuesday, much less a man of Dr. Berryman's well known unpunctuality. We are therefore constrained to ask, why was he appointed to so many branches? He himself says it was because he was the only competent person. The evidence of misconduct or irregularity on the part of these two gentlemen has not been made public, therefore we are unable to form any opinion, on the merits of the case, but the belief has been publicly expressed that they have been made the *scapegoats* on this occasion, not by the committee (far be it from us to say one word derogatory to the committee), but by those who gave evidence before the committee.

With reference to the examining board, the profession will observe that its constitution is slightly changed, but not to the extent required. The appointment of Dr. Workman as examiner in midwifery is highly to be commended, and there is not one word can be said personally against those members of the Council who have been appointed, or rather who assisted in appointing themselves, on the examining board. They are quite competent to act as examiners, although not better qualified than many outsiders that could be named. It is the principle involved in these appointments that is objected to. It certainly does not look well, to say the least, for these gentlemen to vote for their own appointment in one motion, and then turn round in a few minutes afterwards and vote themselves each one hundred dollars for performing the duty. There are three principal grounds of objections against this system of appointment. 1st. It creates a monopoly in the Council, and destroys its character as an appellate body. 2nd. The gentlemen appointed from the Council have a voice in their own appointment. 3rd. They have the power to vote themselves whatever sum they please, as remuneration for their services.

The schoolmen, with a disinterestedness which is highly creditable to them, have given way to professional opinion so far as to appoint, those examiners who represent the schools, from without the Council. We have, therefore, the territorial men chiefly to blame for the continuance of a system which is utterly repugnant to the profession. Dr. Allison and those who voted with him (see list), deserve the thanks of the profession for the noble stand they took on behalf of the profession. Some of those who expressed themselves privately, as opposed to the principle, gave way in the end to the wirepullers and allowed this iniquitous principle to be continued yet another year.

It has been remarked by some who were careful observers of what transpired at the meeting of the Council, that the wirepullers have simply appointed the present board of examiners, in order to keep the seats warm for themselves until a future time.

THE WESTERN MEDICAL COLLEGES.

It would appear from an agitation carried on in the American medical journals, that no restrictions are put upon the practice of medicine in the State of Missouri. There is no State organization exacting any test of qualification, as in some other American States; but a sort of unimpeded "free trade" in medicine exists, the effects of which, it is interesting to note are bitterly deplored. The want of an adequate test and standard has led to the multiplication of medical colleges, and these numerous institutions have been permitted to enter on a career of reckless competition in the manufacture of graduates. In order to fill the graduating classes of the western institutions, the professors are charged with offering inducements in the shape of low fees, low standard of preliminary attainments, low standard of professional examinations; and these not sufficing, they fill up their classes with beneficiaries. As a consequence of this system, it is stated that there are men dubbed with the doctorate in medicine, who are unable to write decent English, or spell correctly, and of whom it cannot always be safely asserted that they are acquainted with even the elementary principles of medical science. Of course, the inevitable result of such a state of things has been to cast discredit on the medical profession, and to degrade the value of a medical degree.

This state of things also makes it plain, that it is a great and dangerous mistake in medical education, to under-estimate the necessity of preliminary education of a high order, and an equally great and dangerous mistake to skip over in the medical curriculum, the fundamental and collateral studies, such as physics, chemistry, zoology, botany, etc. These studies being somewhat severe, and not immediately practical like the purely professional branches, are not popular with a certain lazy and incompetent description of students; and by curtailing them and making other more attractive branches take their place, as would appear to be the practice in the colleges of the Western States, just so many facilities are presented for the entry into the medical profession of men of limited intellectual capacity and defective training.

The perception of these causes and their operation ought surely to be a warning for us in Ontario; and in this spirit simply we have referred to them. Let us maintain a high professional standing, by attending to the things which are so obviously pointed out.

PHOSPHORATED OIL IN PSORIASIS.—At the Demilt Dispensary, New York, Dr. Bulkley has been using phosphorus in many cases of psoriasis, giving it it doses of one-hundred and sixtieth to one-eightieth of a grain, in cod liver oil. Very good effects have been observed in a number of cases, a part of which must of course be attributed to the oil. Dr. Bulkley supplies the following caution with respect to the internal administration of phosphorus:—"I have once observed a most severe bilious attack, with jaundice, come on during the taking of the phosphorated oil, which passed away soon, on ceasing the use of the same, and the administration of a cathartic and some mineral acid. But it was a warning by which I have profited, and now I generally omit the remedy every week or so, administering acetate of potass in the intervals, and with excellent results."

THE LIERNER SYSTEM OF DRAINAGE.—It is claimed that the Lierner system of removing sewage (by atmospheric suction) is best adapted to the wants of Canadian cities, and of the inclement parts of North America, where the winter's frosts interrupt the action of water carriage. An important test which will serve as a test of this claim, is about being afforded, by the introduction of the plan into Russia. If it succeed there during the Russian winter, the way will be paved for its introduction into Boston, Montreal, Toronto and other cities.

TO PREVENT FURUNCLES.—For checking the new formation of boils, Dr. Bulkley, of New York, relies mainly upon the hyposulphite of soda, given internally, thirty grains three or four times daily, largely diluted, and on an empty stomach. Sometimes this fails, when large and repeated doses of quinia will pretty certainly do the work.

THE AMERICAN MEDICAL ASSOCIATION.

The 27th annual meeting of the American Med. Asso'n. was opened in Philadelphia on the 6th of June, and remained in session four days, Dr. J. Marion Sims, President, in the chair. In his address, the President touched upon medical education and the code of medical ethics. The points in the code to which he alluded were the restrictions as to advertising, patenting of instruments, and the secrecy of the consulting room, all of which he condemned. In fact, Dr. Sims does not wish to be hampered by cast-iron rules, but would rather trust to the higher code of honor and honesty which should ever prevail in a liberal profession. He then took up the subject of syphilis, and urged with great force the desirability of legislation, with a view to meet and combat this terrible scourge. He remarked, the sea was the great highway for syphilis, and sailors were the great carriers of the poison, and suggested that they should be put under strict quarantine. A very interesting paper was read by Dr. R. C. Kedzie of Michigan, on "Natural Purifiers," in which he contended that water and air held the first place. In conclusion, he moved a resolution that "no municipality should introduce a water system without at the same time providing an extensive sewer system.', Dr. Garcelon of Maine, read a paper on surgery. Dr. Seguin introduced the subject of Medical Records. A most interesting and instructive paper was read by Dr. Woodward, on the Differential diagnosis of blood corpuscles, in which he took occasion to say that he would *not* swear that corpuscles from *dried* blood-stains were or were not human, if it involved the life of a human being. The draft of a Bill, by Dr. Baker of Lansing, Mich., to be sent to Congress, was read before the section on State Medicine. Dr. Busey read a very able résume of Gynæcology during the past year. Dr. Martin of Boston, moved a resolution on the subject of bovine or animal vaccination, and secured the appointment of a committee to report at next meeting of the Association. In the section on surgery, Dr. Sayre exhibited his plan of treatment for the cure of Potts' disease of the spine, which was highly commended. A communication was read from the Medical Society of Victoria, asking for a list of medical colleges recognized by the American Medical Association. This occasioned a warm and exciting discussion, and was finally tabled.

Dr. Bowditch, of Boston, was elected President for the ensuing year, and Chicago was selected as the place of the next annual meeting, on first Tuesday in June, 1877.

CANADA MEDICAL ASSOCIATION.—The ninth annual meeting of the Canada Medical Association will be held in Toronto, on Wednesday, 2nd August, 1876. The chair will be taken at 10 A.M. Members intending to be present, can obtain certificates entitling them to return tickets at reduced fare, from the local secretaries, Dr. Zimmerman, Toronto; Dr. F. E. Roy, Quebec; Dr. Gordon, Halifax, N. S.; Dr. McLaren, St. John, N. B., or from A. H. David, M.D., Ed., General Secretary. Montreal.

SPECIAL HOSPITALS.—The London *Lancet*, in a late issue, has an article on the desirability, from an educational point of view, of establishing special departments in the large general hospitals, rather than the multiplication of small hospitals for special diseases. Specialists and special hospitals have been growing into disfavor of late, the reason of which is in great part due to their being overdone. The evil, if evil it be, will work its own cure.

An Englishman who insulated his bedstead by placing underneath each post a broken-off bottom of a glass bottle, says that he had not been free from rheumatic gout for fifteen years, and that he began to improve immediately after the application of the insulators. A local paper quoting this item wisely adds: "There's many a fellow who could cure his gout, if he would break off the bottoms of his glass bottles in time."

The medical profession of Lyons, France, are not in favor of the establishment of small-pox hospitals; which leads a facetious journalist to remark that they deserve to be "pitted."'

HONORS.—M. D. Stark, M.B., Trin. Coll., Toronto, passed the examination before the Royal College of Surgeons, Eng., on 17th May, and received the diploma of that body.

SAUGEEN AND BROCK MEDICAL TARIFF.—This tariff having been legalized by the Medical Council, the profession in the division are informed that they may obtain copies by writing to the Secretary, Dr. Brock, Guelph. All those members who have paid their subscription will receive a copy free, others will be charged twenty-five cents to defray expenses. Bill-heads, with tariff printed on the back, can be supplied for two dollars per thousand.

Dr. Fordyce Barker, of New York, has been appointed to the position formerly occupied by Dr. Marion Sims, in the State Hospital for Women. The appointment is a very popular one in New York, and has been followed by a large addition to the funds of the Hospital.

THE MURDER OF DR. GEORGE COOK.—Dr. George Cook, Medical Superintendent of the Insane Asylum, Canandaigua, N.Y., was fatally stabbed in the neck by an insane patient, on the morning of June 12th, and died the same evening.

PRIZE MEDAL.—We have pleasure in announcing that Messrs. Wm. R. Warner & Co., of Philadelphia, have been awarded the Prize Medal at the Chilian World's Fair, for the superiority and perfection of their soluble sugar-coated pills.

BANQUET.—A banquet was given on the 6th ult., to Dr. A. H. Beaton, of Stayner, who is about to remove to Orillia. It was largely attended.

Sir Wm. Fergusson is almost hopelessly ill. He is said to have organic disease of the heart, dropsy, and renal albuminuria.

APPOINTMENT.—Robert Parker, M.D. of Stirling, to be an Associate Coroner, for the County of Hastings.

The following gentlemen have been appointed members of the acting staff of the Toronto General Hospital, for the ensuing year: Drs. Aikins, Buchan, Cassidy, De la Haye, Fulton, Geikie, Graham, A. J. Johnston (Pathologist), Reeve (Oculist), Spragge, Temple and H. H. Wright.

Books and Pamphlets.

CYCLOPŒDIA OF THE PRACTICE OF MEDICINE. By Prof. Von Ziemssen. New York: Wm. Wood & Co.

We have before us the 4th volume of Ziemssen on the diseases of the respiratory organs, including general diagnosis and therapeutics of diseases of the nose, naso-pharyngeal space, pharynx and larynx, by Professor Fraenkel; diseases of the larynx by Professor Von Ziemssen; croup, by Professor Steiner; diseases of the trachea and bronchi, by Professor Riegel; diseases of the pleura, by Professor Fraentzel. They are all carefully written and tend to enforce on the practitioner the great importance of never attaching too much stress on any single symptom, however valuable that may be of a disease, for none is infallible. The symptoms of disease may be compared to the threads composing a cord, which may represent the diagnosis; each of the threads by itself is unable to support a weight which is readily borne by the entire cord—each thread is one degree of evidence, and their union alone can constitute the certainty. The more experience we have, the more distrustful we become of any one symptom or even one set of symptoms taken apart, and the less reliance we have in any one remedy or one mode of treatment. Auscultation is one thread, a stout and good one we admit in the cord, but it is not the cord itself, and if trusted to alone, will often prove fallacious—percussion, mensuration, the use of the laryngoscope and thermometer are all important threads, but they must be viewed collectively to arrive at a right diagnosis. This is forcibly pointed out by the above writers.

THE PATHOLOGY AND TREATMENT OF CHILDBED, by Dr. F. Winckel, of Rostock. Translated from the second German edition by James R. Chadwick, M.D., Harvard University. Philadelphia: H. C. Lea. Toronto; R. Carswell.

This work treats in a very practical way of the accidents and diseases of parturition, such as lacerations of the perineum, and os, displacement of the vagina, uterus, hemorrhages, thrombosis, pyemia, puerperal fever, milk fever, sore nipples, mammary abscess, puerperal eclampsia, mental affections and skin diseases. Like most of the German works, the subject matter is discussed in a most able and scientific manner, while at the same time sufficient prominence is given to the treatment. The volume contains about 475 pages, is well printed, and will be a useful addition to the medical man's library.

Births, Marriages, and Deaths.

On the 8th June, the wife of G. A. McCallum, M.D., Dunville, Ont., of a son.

On Tuesday, 13th June, at his residence in Colborne, W. Carter Deans, M.D., late of Oshawa, aged 39.

On Thursday, June 8th, at Drummondville, Esther, the beloved wife of James McGarry, M.D.,

COLLEGE OF PHYSICIANS AND SURGEONS,

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE,

CORNER 23d ST. and 4th AVE., NEW YORK CITY.

SEVENTIETH SESSION, 1876-'77.

FACULTY OF MEDICINE.

ALONZO CLARK, M.D.,
President and Professor of Pathology and Practical Medicine.

WILLARD PARKER, M.D.,
Professor of Clinical Surgery.

JOHN C. DALTON, M.D.,
Professor of Physiology and Hygiene.

SAMUEL ST. JOHN, M.D.,
Professor of Chemistry and Medical Jurisprudence.

THOMAS M. MARKOE, M.D.,
Professor of Surgery.

T. GAILLARD THOMAS, M.D.,
Professor of Obstetrics and the Diseases of Women and Children.

JOHN T. METCALFE, M.D.
Emeritus Professor of Clinical Medicine.

HENRY B. SANDS, M.D.,
Professor of Anatomy.

JAMES W. McLANE, M.D.,
Adjunct Professor of Obstetrics and the Diseases of Women and Children.

THOMAS T. SABINE, M.D.,
Adjunct Professor of Anatomy.

CHARLES F. CHANDLER, Ph.D.,
Adjunct Professor of Chemistry and Medical Jurisprudence.

EDWARD CURTIS, M.D.,
Professor of Materia Medica and Therapeutics; Secretary of the Faculty.

FRANCIS DELAFIELD, M.D.,
Adjunct Professor of Pathology and Practical Medicine.

JOHN G. CURTIS, M.D.,
Adjunct Professor of Physiology and Hygiene.

WILLIAM DETMOLD, M.D.,
Emeritus Professor of Clinical and Military Surgery.

WILLIAM H. DRAPER, M.D.,
Clinical Professor of Diseases of the Skin.

CORNELIUS R. AGNEW, M.D.,
Clinical Professor of Diseases of the Eye and Ear.

ABRAHAM JACOBI, M.D.,
Clinical Professor of Diseases of Children.

FESSENDEN N. OTIS, M.D.,
Clinical Professor of Venereal Diseases.

EDWARD C. SEGUIN, M.D.,
Clinical Professor of Diseases of the Mind and Nervous System.

GEORGE M. LEFFERTS, M.D.,
Clinical Professor of Laryngoscopy and Diseases of the Throat.

CHARLES McBURNEY, M.D.,
Demonstrator of Anatomy.

CHARLES KELSEY, M.D.,
Assistant Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M.D.,
Lecturer on Operative Surgery and Surgical Dressings.

GEORGE G. WHEELOCK, M.D.,
Lecturer on Physical Diagnosis.

A. BRAYTON BALL, M.D.,
Lecturer on Diseases of the Kidneys.

ROBERT F. WEIR, M.D.,
Lecturer on Diseases of the Genito-Urinary Organs.

MATTHEW D. MANN, M.D.,
Lecturer on the Microscope as an Aid to Diagnosis.

H. KNAPP, M.D.,
Lecturer on Diseases of the Eye and Ear.

THE COLLEGIATE YEAR.

The Collegiate Year embraces a special **Spring** and a regular **Winter Session**, attendance at the latter only being required for the graduating course. The **Spring Session for 1876** begins March 11, and continues till June 1. Thd **Regular Winter Session for 1876-77** begins Monday, October 2, and continues till March. The College Commencement for the conferring of degrees is held annually at the close of the Winter Session.

TUITION.

Tuition is by the following methods:—I. **DIDACTIC LECTURES WITH DEMONSTRATIONS.** During the **Winter Session**, from five to six such lectures are given daily by the Faculty of the College, on the seven general branches of medical Science. Attendance obligatory. **Fees $20.** for the course on each branch, or **$140.** for the entire curriculum. During the **Spring Session**, two lectures on special topics are given daily by the faculty of the Spring Session. **Fees $5.** for the course on branch, or **$30.** for the entire curriculum. **II. CLINICAL TEACHING.** This important element of tuition receives the fullest attention. Ten Clinics, covering all the general and special departments of Medicine and Surgery, are held weekly throughout the entire year in the College Building itself. The attendance is about 6000 patients yearly. In addition, the Faculty, being strongly represented on the Staffs of all the larger Hospitals and Dispensaries of New York, give daily Systematic clinical lectures in one or more of these institutions as a regular feature of the College Curriculum. The great clinical resources of Bellevue, Charity and Roosevelt Hospitals, the Demiet Dispensary, the New York Eye and Ear Infirmary and the Manhattan Eye and Ear Hospital, are thus made of avail for the instruction of the Student. Attendance at Clinics is optional and without extra charge. **III. RECITATIONS** upon the topics of the regular lectures are held daily throughout both Sessions by a Corps of Examiners. Attendance optional. **Fees: Winter Session, $40. Spring Session, $30. Collegiate Year, $60. IV. PERSONAL INSTRUCUION. Practical Anatomy** is taught in the dissecting-room from October to May, and every Student is expected to dissect. **Fee $10.** good for a Collegiate Year. **Practical Chemistry** is taught in the Laboratory in the Spring. **Fee $15.** Cases of Obstetrics are furnished to advanced Students without charge. Personal instruction in **Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology,** and **Laryngoscopy** is also given by Instructors, eminent in these several departments, for very moderate fees. Attendance optional.

EXPENSES.

The *necessary* collegiate expenses are the yearly matriculation fee ($5., good for a Collegiate Year), and the fees for the didactic lectures of the Winter Session ($20. for the Course on each branch, or $140. for the entire curriculum). In addition, a **Graduating Fee of $30.** is charged. The gradating course requires three years study, and attendance upon two courses of lectures, on each of the seven branches of the Winter Curriculum. Lecture fees are remmitted graduates of the College, to graduates of other Colleges of three years standing to Theological Students, and to Students who have already attended to full courses of lectures, the latter of which, at least, has been at this College. To matriculants, who have attended two full courses elsewhere, a full course ticket is granted for **$70.** All fees are payable in advance. **BOARD** can be had for from **$6.** to **$9.** a week, and the Clerk of the College will aid students in obtaining the same.

For further information, and for the Annual Catalogue and Announcement, address,

EDWARD CURTIS, M.D.,
Secretary of the Faculty,
COLLEGE OF PHYSICIANS AND SURGEONS,
CORNER 23D STREET & FOURTH AVENUE, NEW YORK.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1876-77.

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

THE PRELIMINARY AUTUMNAL TERM for 1876-77 will commence on Wednesday, September 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 designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

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

Faculty:

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
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. VAN BUREN, 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 Gynæcology.
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.
ALPHEUS B. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

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

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

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

Fees for the Regular Session.

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

Fees for the Spring Session.

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

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

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

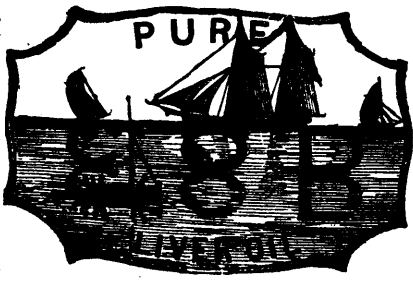
PROF. AUSTIN FLINT, JR.,
Secretary Bellevue Hospital Medical College.

PURE COD-LIVER OIL,

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 devoid 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.

CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessert-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

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.

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.

T. MORSON & SON,

31, 33 & 124 SOUTHAMPTON ROW, RUSSELL SQUARE, W.C.

WORKS: HORNSEY ROAD, N., & SUMMERFIELD WORKS, HOMERTON E., LONDON,

MANUFACTURERS OF

Pure Chemicals and all New Medicines.

SPECIALTIES.

MORSON'S PEPSINE PREPARATIONS. (The Original English Manufacturers.)
MORSON'S PEPSINE PORCI, Pure.
MORSON'S PEPSINE POWDER, or POUDRE NUTRITIVE.
MORSON'S PEPSINE WINE.
MORSON'S PEPSINE LOZENGES.
MORSON'S PEPSINE GLOBULES.
MORSON'S PANCREATINE POWDER.
MORSON'S PANCREATIC EMULSION.
MORSON'S PANCREATIZED COD LIVER OIL.
MORSON'S SACCHARATED WHEAT PHOSPHATES.
MORSON'S CREOSOTE, from WOOD TAR. (The only English Makers.)
N.B.—Test of Purity—Insoluble in Price's Glycerine.
MORSON'S GELATINE. (The most economical substitute for Isinglass.)
MORSON'S CHLORODYNE.
MORSON'S EFFERVESCING CITRATE OF MAGNESIA.
MORSON'S ARTIFICIAL ESSENCES for Flavoring.
MORSON'S MORPHIA SALTS.
MORSON'S CHLOROFORM, Pure and Meth.
MORSON'S SP. ETHER NIT. P.B.
MORSON'S SP. AMMON. AR. P.B.
MORSON'S GINGERINE and ALOINE.

Sold Wholesale and Retail by all Chemists and Druggists throughout the World.

UNIVERSITY OF TRINITY COLLEGE.

(INCORPORATED BY ROYAL CHARTER.)

MEDICAL DEPARTMENT.—WINTER SESSION 1876-'77.

FACULTY:

E. M. HODDER, M.D. F.R.C.S., Eng.; F.O.S., Lond.; Dean of the Faculty, and Consulting Surgeon Toronto General Hospital and the Burnside Lying-in-Hospital.—159 Queen-st. West.
Prof. of Obstetrics, and Diseases of Women and Children.

NORMAN BETHUNE, B.A., M.D., Edin.; M.R.C.S., Eng.; F.R.C.S., Edin.; F.O.S., Lond.; Physician to Toronto General Hospital, and Burnside Lying-in-Hospital. 198 Simcoe-st.
Prof. of Surgery and Clinical Surgery.

WALTER B. GEIKIE, M.D., F.R.C.S., Edin.; L.R.C.P., Lond.; F.O.S., Lond.; Physician Toronto Gen. Hospital.—3 Fleming's Terrace, Elm-st.
Prof. of Principles and Practice of Medicine.

J. FULTON, M.D.; M.R.C.S., Eng.; L.R.C.P., Lond.—303 Church-st. Physician to the Toronto General Hospital, Hospital for Incurables, and Hospital for Sick Children.
Professor of Physiology and Sanitary Science.

W. COVERNTON, M.D.; M.R.C.S., Eng.
Prof. of Pathology and Medical Diagnosis.

JAMES BOVELL, M.D., L.R.C.P., Lond.; Consulting Physician to the Toronto General Hospital, and the Burnside Lying-in-Hospital.—118 St. Patrick st.
Prof. of General Pathology.

J. E. KENNEDY, A.B., M.D; F.O.S. Lond. 68 John-st.
Prof. of Materia Medica and Therapeutics.

J. ALGERNON TEMPLE, M.D.; M.R.C.S., Eng.; F.O.S., Lond.; Physician to Toronto General Hospital, and Attending Physician Burnside Lying-in-Hospital.—206 Simcoe-st.
Prof. of Medical Jurisprudence and Toxicology, and Assistant Lecturer on Obstetrics, &c.

W. H. ELLIS, M.A., M.B.; L.R.C.P., Lond. Instructor in Chemistry, College of Technology.
Prof. of Chemistry—General and Practical.

H. ROBERTSON, M.B.; M.R.C.S., Eng.—24 Shuter-st.
Prof. of Anatomy—Descriptive and Surgical.

J. FRASER, M.D.; L.R.C.S., Edin.; L.R.C.P., Lond.
Demonstrator of Anatomy.

A. J. JOHNSTON, M.D.; M.R.C.S. Eng., F.R.M.S., Lond.,
Pathologist to the Toronto General Hospital.
Microscopy.

THOMAS KIRKLAND, M.A., Lecturer on Chemistry Botany, &c., Normal School.

The Session will commence on MONDAY, the 2nd of October, 1876, and continue for Six Months. The Lectures will be delivered in the new College building, close to the Toronto General Hospital. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, &c., will be given in the annual announcement.

E. M. HODDER, Dean. W. B. GEIKIE, Secretary.

UNIVERSITY OF MICHIGAN.

Department of Medicine and Surgery.

The 27th annual course of lectures will commence on Oct. 2, 1876.

Course separate but equal for women.

Matriculation Fee—Residents of Michigan, $10; non-residents, $25.

Annual Dues—Residents of Michigan, $15; non-residents, $20.

Graduation Fee—For all alike, $5.

Send for Circular and Catalogue.

A. B. PALMER, M.D., DEAN, Ann Arbor, Mich.

Toronto Eye and Ear Infirmary.

This Charitable Institution is removed from Adelaide-st. to 153 Church-st., opposite the Metropolitan Methodist church. It is open to the poor of the Province, on the presentation of satisfactory evidence of poverty, and on the payment of $3 a week for board.

Surgeons.—Drs. Rosebrugh, Reeve and Coleman.

A. T. McCord, Esq., *President.*

ROYAL COLLEGE
PHYSICIANS AND SURGEONS,

IN AFFILIATION WITH

Queen's University, Kingston.

Faculty:

J. R. DICKSON, M.D., M.R.C.P. Lond.; M.R.C.S. Eng.; F.R.C.S Edin.; President and Prof. of Clinical Surgery.

FIFE FOWLER, D.D., L.R.C.S. Edin. Registrar and Prof. of Materia Medica.

HORATIO YATES, M.D. Principles and Practice of Medicine, and Clinical Medicine.

MICHAEL LAVELL, M.D. Obstetrics and Diseases of Women and Children.

MICHAEL SULLIVAN, M.D. Surgery and Surgical Anatomy

N. F. DUPUIS, M.A., Botany.*

THOMAS R. DUPUIS, M.D. Descriptive and Regional Anatomy.

JAMES NEISH, M.D. Medical Jurisprudence.

NATHAN F. DUPUIS, M.A. Chemistry and Practical Chemistry.

ALFRED S. OLIVER, M.D. Institutes of Medicine and Sanitary Science.

KENNETH N. FENWICK, M.A., M.D. M.R.C.S. England. Practical Anatomy.

The next winter Session begins on the 1st Wednesday of October, 1876. Students attending this College may obtain either the degree of M.D., or the Licence of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges The College building, which is being newly fitted up, is commodious and convenient. Unequalled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

FIFE FOWLER, M.D., L.R.C.S. Edin.

* Students attending the Botanical class can also without additional fee attend Lectures on Zoology.

UNIVERSITY OF THE CITY OF NEW YORK.

MEDICAL DEPARTMENT.

410 East Twenty-sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION, 1876-77.

FACULTY OF MEDICINE.

REV. HOWABD CROSBY, D.D., LL.D.,
Chancellor of the University.

MARTIN PAINE, M.D., LL.D.,
Emeritus Prof. of Materia Medica and Therapeutics.

ALFRED C. POST, M.D., LL.D.,
Emeritus Prof. of Clinical Surgery ; President of the Faculty.

CHARLES A. BUDD, M.D.,
Prof. of Obstetrics.

JOHN C. DRAPER, M.D., LL.D.,
Prof. of Chemistry.

ALFRED L. LOOMIS, M.D.,
Prof. of Pathology and Practice of Medicine.

WILLIAM DARLING, A.M., M.D., F.R.C.S.,
Prof. of Anatomy.

WILLIAM H. THOMSOM, M.D.,
Prof. of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M.D.,
Prof. of Physiology.

JOHN T. DARBY, M.D.,
Prof. of Surgery.

CHARLES INSLEE PARDEE, M.D.,
Prof. of Diseases of the Ear ; Dean of the Faculty.

ERSKINE MASON, M.D.,
Prof. of Clinical Surgery.

WALTER R. GILLETTE, M.D.,
Adjunct Prof. of Obstetrics.

POST GRADUATE FACULTY.

D. B. ST. JOHN ROOSA, M.D.,
Prof. of Opholmology and Otology.

WM. A. HAMMOND, M.D.,
Prof. of Diseases of the Mind and Nervous System.

STEPHEN SMITH, M.D.,
Prof. of Orthopœdic Surgery and Surgical Jurisprudence.

MONTROSE A. PALLEN, M.D.,
Prof. of Gynaecology.

FANEUIL D. WEISSE, M.D.,
Prof. of Surgical Anatomy.

HENRY G. PIFFARD, M.D.,
Clinical Professor of Dermatology.

THE COLLEGIATE YEAR is divided into two Sessions—a regular Winter Session, and a Spring Session. The latter is auxiliary to the former, and the design of the Faculty is to furnish instruction to medical students throughout the year. *Attendance on the regular Winter Session is all that is demanded of the candidates for graduation.* Those who attend the other session receive a CERTIFICATE OF HONOR, as having pursued voluntarily a fuller course than usual.

THE SPRING SESSION is principally of a practical and clinical character, and affords particular facilities to students who have already taken one course in schools where such practical advantages exist to a less extent. The course consists also partly of lectures and examinations on the subjects necessary for graduating in medicine, conducted by the Professors of the regular Faculty and their assistants. These examinations will be addressed to both first and second course students. For the purpose of making the visits to the wards of the Hospitals as available as possible, the class is divided into sections. One division at a time is instructed in Practice, Diagnosis, Prescription, and Treatment of Patients. The course begins early in March, and continues till the middle of May, when the SUMMER COMMENCEMENT is held. During the Summer the College Clinics are kept open.

THE PRELIMINARY WINTER SESSION commences September 13th, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 27th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

THE POST GRADUATE COURSE is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is $30. This course will begin September 27th.

The Faculty desires to call attention particularly to the opportunities for dissection. *Subjects are abundant, and are furnished free of charge*, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

FEES FOR THE WINTER COURSE.

For course of Lectures	$140 00
Matriculation	5 00
Demonstrator's fee including material for dissection	10 00
Graduation Fee	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and $30 ; and, should they decide to become pupils for the winter, the $30 thus paid will be deducted from the price of the winter tickets.

For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City

The Banning Truss and Brace Co.

New York.

Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

The Improved Body

lominal and Spinal

ier and Lung Brace.

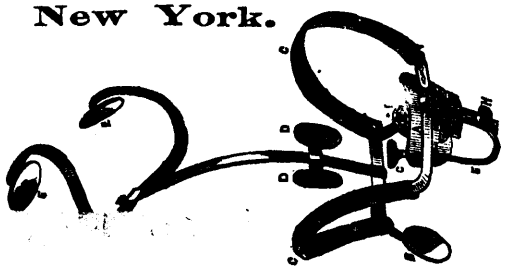
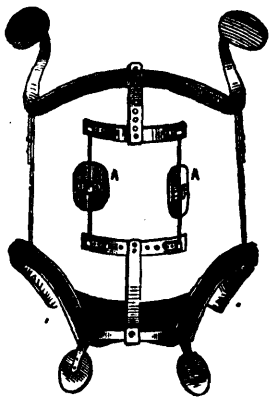


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

Improved Revolving

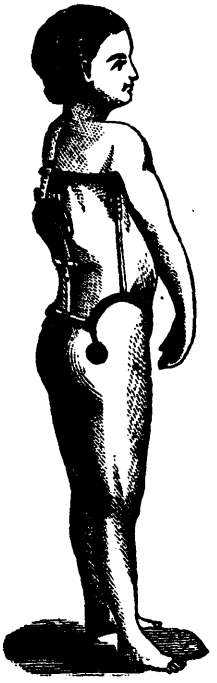
SPINAL PROP.



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 19.

SPINAL PROP APPLIED.



How to measure for any of these appliances.

1st Around the body, two inches below the tips of hip bones.

2d Around the chest, close under the arms.

3d From each armpit to corresponding tip of hip bone.

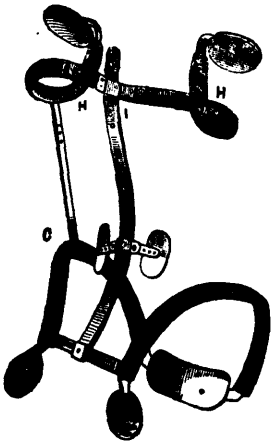
4th Height of person. All measures to be in inches.

Measure over the linen, drawing tape measure *moderately tight.*

Fig. No. 14.

Improved Centripetal

SPINAL LEVER,



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 12.

The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Banning Truss & Brace Co's.

SYSTEM

OF

MECHANICAL SUPPORT

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

PRACTITIONERS

Report to the Medical Journals and to us that cases of

SPINAL DEFORMITIES

AND

UTERINE DISPLACEMENT

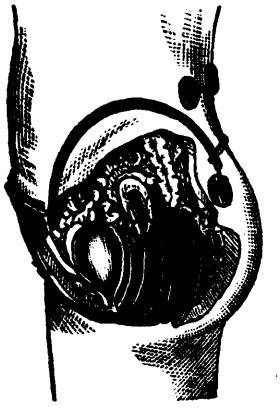
which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters and Pessaries,

YIELD READILY

TO

Our System of Support.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the truncal bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus [without touching it] to its normal position.

BANNING TRUSS AND BRACE CO., 704 Broadway, above 4th St.

No other office or Address. **Send for Descriptive Pamphlet.**

N. B.—The numbers of the above Figures refer to Pamphlet Nos., **NOT** to Descriptive List Nos.