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THE CANADA LANCET.

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

Vol. VII.
No. 9.

TORONTO, MAY 1, 1875.

Price 30 Cents.
\$3 per Annum

CONTENTS.—(Index next page.)

CINCHO-QUININE.

CINCHO-QUININE holds ALL the important constituents of *Peruvian Bark* in their alkaloid condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

The cut below gives the size of the one ounce phial, and the form of putting up.

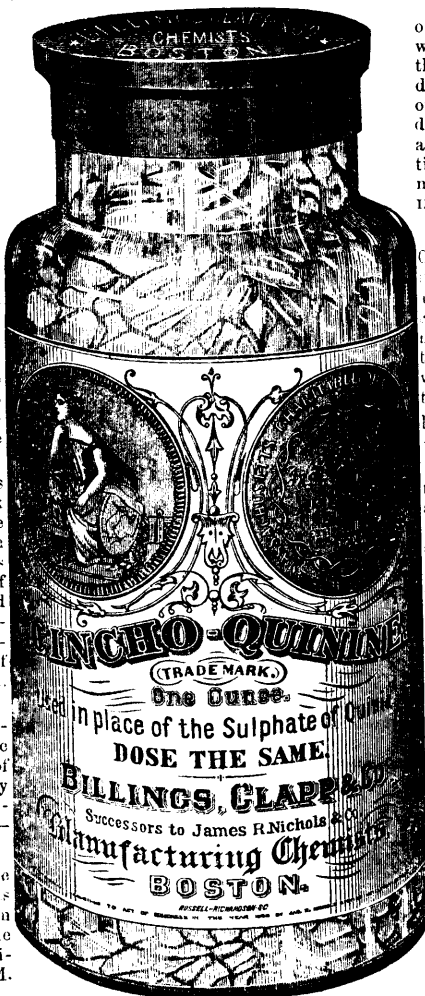
At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has equal tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows:—"I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one and a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M.D., Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M.D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages which you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M.D., Madison, Ala.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and 5 grains one or two hours before a paroxysm is due, and continue to give 5 grains once a-week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M.D., Wapping Falls, New York.

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonin in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M.D., Indianapolis, Ind.

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M.D., Lincoln, Ill.

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INDEX TO CONTENTS.

Original Communications.		Acute Rheumatism Treated by Packing	286
Case of Empyema.—By B. Melver, M.D., Edin., Pembroke	255	Fracture Ununited of Forearm, Treatment	276
Severe Railway Accident.—By R. G. Baxter, M.D., Moncton, N.B.	255	Bent Knee, Treatment of	277
Case of Traumatic Tetanus.—By E. Kidd, M.D., Manotick	256	Bone Disease, Phosphorus in	277
Examination Questions, Coll. Phys. and Surgs., Ont.—By N. A. Powell, M.D., Cobourg	257	Lumleian Lectures—Beale	277
Correspondence.		Nelaton and Napoleon	274
Case of Paraphymosis.—H. Mills	259	Ferri Perchloridi in Cancerous Ulcerations	274
Public Prosecutor.—Justitia	260	Small-Pox and Re-Vaccination	275
Trained Nurses.—J. Turquand	260	Ovarian Disease—Cured by Tapping	275
Canadian Med. Mutual Benefit Ass'n.—A Member	261	Hydrocele of Neck	276
Address to the Medical Electors of King's and Queen's Division.—W. Allison	262	College of Surgeons, Enabling Bill	276
Selected Articles.		Alopecia Treated by Stimulants	276
Tincture of Iron Externally in Erysipelas	262	Medical News and Items	276
Esmarch's Bandages, Advantages and Disadvantages of	262	Editorial.	
Typhoid Fever, Prof. Tyndall on	263	Hypodermic Medication	277
Propylamine and Trimethylamine. Nature of	264	Tolerance	281
Drunkenness in Liverpool	267	Temperature in Disease	282
		Libel Suit	284
		Action for Manslaughter	286
		Resignation of Dr. Workman	283-4
		Notes and Comments	286
		Births, Marriages and Deaths	286

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Yours respectfully,
F. A. GENTH,
Professor of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO,
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 direct I made a quantitative examination for QUININE, QUINIDINE and CINCHONINE, and hereby certify that I found these alkaloids in Cincho-Quinine.
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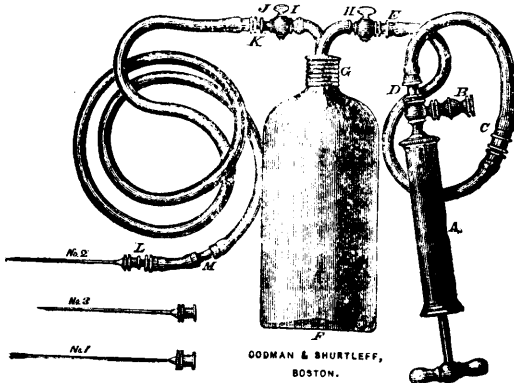
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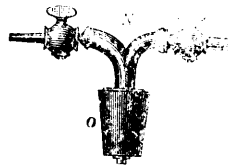


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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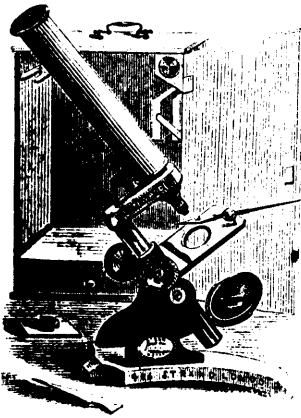
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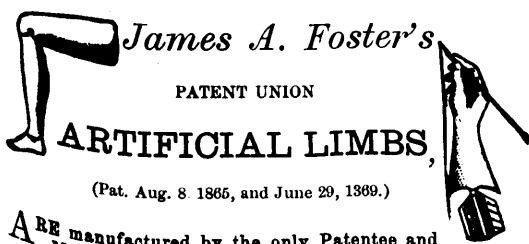
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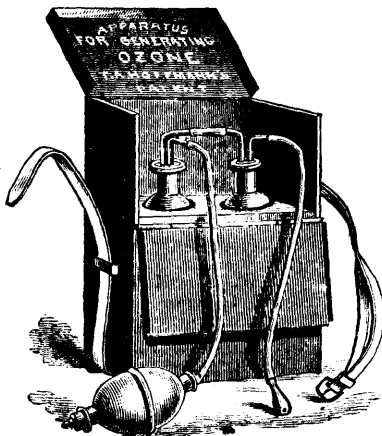
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Water, - - - f. ʒ xij.	Sherry Wine, - f. ʒ xij.
Mix.	Mix.
DOSE.—f. ʒ ij—f. ʒ iv.	DOSE.—f. ʒ ij.

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Mix.	Mix.
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A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VII. TORONTO, MAY 1st, 1875. No. 9.

CASE OF EMPYEMA—FLUID DISCHARGED BY EXPECTORATION—RECOVERY.

BY BERNARD MCIVER, M. D., EDIN. & C., PEMBROKE, ONT.

On the first of December last I was requested to see a young man said to be dangerously ill. He had been under the care of one of our physicians here for a considerable time previous, who did everything in his power to prevent that which must have appeared to him a premature death; but in spite of his best and most assiduous endeavours, his patient was hourly growing worse till "coma" set in, as I was told, and at this stage with no hope of recovery, further attendance ceased. Some days afterwards I saw the poor fellow. He was lying stretched at full length as if dead; skin covered with a cold and clammy perspiration; no perceptible pulse; breathing scarcely audible; general anasarca; no appearance of vitality remaining beyond the opening and closing of the eyes slowly now and then. This extraordinary condition of the patient I soon discovered to be owing to a large collection of purulent matter within the cavity of the pleura filling it to distention, especially the left side, which pressed against the heart producing obstruction to the circulation of blood and the consequent results already mentioned. I felt that if this accumulated fluid could be got rid of by tapping the chest, or by expectoration the patient might possibly survive; but from inability to swallow it was impossible to use those means generally employed to excite and promote expectoration. In this life and death struggle the thought occurred to me to try inhalation. I applied to the mouth and nostrils spts. ammoniæ partially diluted. In a few seconds violent and convulsive coughing ensued and almost instantaneously about a quart of mucilaginous, ropy, purulent matter was coughed up, of a most offensive character. Im-

mediately afterwards the patient appeared to revive. During the 24 succeeding hours the coughing was frequent and the discharge considerable each time; there was very little pain, the purulent matter diminished but was more fluid. He now became conscious; the pulse increased in strength slowly, and a sensation of warmth came over the whole body. He was now able to drink and take a little nourishment. From this time he improved daily, but expectoration continued for a month from its commencement. In the meantime his condition improved, his strength increased, pulse became full and regular and within a month he was able to attend to his former calling. The great difficulty to overcome in this case was the general anasarca—no part of the body being exempted. This fortunately, however, soon gave way to flesh brushing, and tonics freely administered and the young man is now in very good health.

SEVERE RAILWAY ACCIDENT, LOSS OF BOTH ARMS AND DISLOCATION OF THE HIP.

BY R. G. BAXTER, M. D., MONCTON, N. B.

I was called on the evening of the 18th inst., to visit Alex. McA., section man, aged 35, who had received a severe railway injury.

The accident occurred near the station, the man being engaged at the time, in a stooped position, driving a spike on the inside of the rail. The Halifax Express train was approaching rapidly on another track; his attention being so occupied with the coming train and the driving of the spike he did not hear the shunting engine which was approaching him, tender first, from the rear. The tender struck him about the middle of the left thigh, throwing him down with his arms extending over the rail, and the truck passed over his right arm a short distance below the shoulder, and the left was smashed from the hand to the elbow, fracturing the humerus in several places above that joint; the skin was taken off the right side of the face and temple, it is supposed by the wheel pressing it aside and scraping past. The engine having no train attached, was immediately stopped, and the man withdrawn and carried to his home on a sleigh, about 300 yards distant, where I saw him almost immediately. He was conscious, and

only bleeding slightly. Complained of some pain in his mangled arm, and slightly of his left leg, referring all the pain to the bruised spot about the middle of the thigh. He was already suffering considerably from collapse, and would with difficulty swallow a little brandy and water. The first sound of the heart was scarcely audible, and beating 135 per minute.

Amputation being necessary, I sent for Dr. Ross who kindly assisted me in the operation, which, notwithstanding the weak condition of the patient, we decided to do immediately.

The patient was etherized, and both arms removed a short distance below the shoulder, by the usual flap operation.

We were careful not to allow any bleeding, and the operation was done and the flaps brought together by silver sutures, in about twenty minutes from the time the first incision was made. Ether was removed some moments before the operation was complete, and after vomiting once, he began to take a little brandy and water, and after a short time thin gruel and milk, which was very carefully given by Mr. F. Oulten, medical student, till four o'clock next morning, when the patient began to rally. The stumps were then bandaged and dressed with lint saturated with a mixture of carbolic acid and oil

But the most peculiar and interesting feature of the case, was the dislocation of the hip into the sciatic notch, and which was done, without doubt, by the first blow of the engine as it came in contact with the thigh while in the position above described. This injury was not examined carefully until two days after the accident, during which time there was no complaint made of pain in the limb, except slight soreness on pressure where he was struck on the thigh. He could move the limb without assistance and with apparent ease in all directions except outwards; in this direction he could not get it farther than on a line with the upper part of the body. Flexion, complete extension and adduction were perfect; there was little or no visible deformity at the hip. While the examination of the parts was going on, the patient persistently declared that there was nothing wrong with the hip, and would perform the above movements as his proof. The limb, however, when left to assume the easiest posture, would be found semi-flexed and slightly adducted; this together with

the fact that abduction could not be carried farther than on a line with the body, although all the pain produced by such an attempt was referred to the bruised spot on the thigh, I was induced to have resort to measurements. On the injured side, from the ant. sup. spine of the ilium to the inner condyle measured $18\frac{1}{2}$ inches; on the uninjured side $19\frac{1}{2}$. It was also demonstrated by measurement that the great trochanter on the injured side was one inch farther from the ant. sup. spine of the ilium than its fellow of the opposite side.

March 24th.—One week after the injury, the patient having gained considerable strength and doing well in every respect, we decided to reduce the luxation. The shortening is now $1\frac{1}{2}$ inches. The patient being again etherized we proceeded to reduce the dislocation by manipulation.

Dr. Ross taking his post at the hip gave maternal assistance by following the course of the head of the bone, and reporting its precise location at different stages of the operation, and assisting to guide it towards the acetabulum.

The reduction was accomplished without the least difficulty, the head going into its place with a snap, and the normal measurements restored.

The following features in the above case I thought were sufficiently interesting and instructive to be worth noting:—

1st. The perfect and rapid manner in which the patient has rallied from so severe an injury and operation, which, I think, is principally owing to the care taken to prevent any loss of blood, and the thorough and careful manner in which stimulants and food were given after the operation.

2nd. The unusual amount of mobility in the dislocated member.

3rd. The total absence of pain as a result of the displacement.

CASE OF TRAUMATIC TETANUS— DEATH.

BY E. KIDD M. D. MANOTICK, ONT.

W. J. K. æt. 27. married, farmer, received a lacerated wound on the sole of foot Nov. 4, 1874. All the structures entering into the formation of the sole of the foot were removed leaving the metatarsal bones exposed, and the little toe so comminuted that I was obliged to amputate it. Applied water

dressing, and ordered Pulv. opii. gr. i, as often as the severity of the pain demanded. Saw patient daily, and on the 2nd day after the injury, substituted carbolic oil for the water dressing. Patient progressed favourably until night of 9th, when he had profuse sweats, and dreamed that "rats were gnawing his foot." 10th. 10 a. m. pulse 74, weak. Temperature 98° F. Foot gives no trouble and is looking healthy.

11th. 10 a. m. Condition unchanged since yesterday. Foot looks healthy; granulating nicely.

2 p. m. Feels slight stiffness in jaws, pulse 72. Temp. 100° F. Urine highly acid. Face expressive of fear. Ordered pot. bromide in full doses as I had no chloral hydrate. Ice to spine. Eggs and brandy.

5 p. m. Jaws fixed, profuse sweats, pains extending into the thorax, and spasms of the voluntary muscles coming on every five minutes. Patient has slept a few hours.

12 p. m. Jaws as they were. Opisthotonos; spasms every minute. Attempts to swallow bring on intense suffering. Cut down upon, and divided the the post. tibial nerve. Spasms returned as before.

I wished to amputate the limb when I saw that division of the nerve had no effect on the spasms, but the friends of the patient objected.

Pulse 72. Temp. 104. Gave brandy and tinct. opii per rectum; chloroform inhalations checked the spasms but they returned violently after the influence passed off. Profuse sweats during the day and night. Spasms became more and more frequent and death took place at 4 a. m.

3. What is the physiological action of phosphorus, and in what diseased conditions and doses is it used?

4. What causes may inducespontaneous ptyalism and how would it be diagnosed from the specific effects of mercury?

5. What is the physiological action of opium? Give the dose for therapeutical application with its indications and contra-indications in disease?

6. What is the composition of Tartar Emetic, and what doses would you give in the first stage of pneumonia, or to a child one year old at intervals of two hours?

7. Write a prescription for a terebinthinate mixture in a supposed case of Chronic Bronchitis.

8. How, whence and from what source have we croton oil? Give its physiological action?

9. How do you explain the action of quinine in intermittent fever?

1. What are the major duties of heads of municipalities in regard to sanitary precautions? Explain them?

2. What are some of the most prominent influences of climate in disease, and explain in connection therewith the system of quarantine?

3. What is the quantity of air inhaled by a healthy adult per minute and what may modify it in the various conditions of life?

4. What are the various sources of contamination of the atmosphere both within and without our dwellings, and what are the diseases usually contracted from such contamination?

5. In connection with the ventilation of public buildings explain the action of the ventilating fan?

6. What are the various modes of filtering water both for general city purposes, and for private dwellings?

7. What are the best deodorizers for deposited fæcal matter and explain their action?

MEDICAL DIAGNOSIS AND MEDICAL JURISPRUDENCE
—DR. W. CLARK.

1. Give the diagnostic symptoms of scirrhus of the stomach, and state how it is to be distinguished from chronic gastritis, gastric ulcer and other cognate affections of the stomach?

2. Give the appearances of, and the modes of detecting blood in the urine, also how we are to determine whether it comes from the kidney, bladder, urethra or vagina? Name some of the causes that may give rise to hæmaturia?

3. Give the symptoms by which we can discriminate between acute mania, delirium tremens and acute meningitis?

4. Give the diagnostic symptoms of epilepsy and state how it is to be distinguished from apoplexy, chorea, hysteria and sunstroke?

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

EXAMINATION QUESTIONS, 1875.

(Reported by N. A. Powell, M. D., Cobourg.)

MATERIA MEDICA AND SANITARY SCIENCE.—DR. BERRYMAN.

1. Give the physiological action of astringents; state their therapeutical action in disease by illustration, giving some agents and their doses?

2. Are there any agents, and what are they, by which we can influence chemically the temperature of the body? Explain this, and write a prescription as a refrigerant?

1. Give the definition of mania, monomania, dementia and idiocy, with the distinctive symptoms and characters of each?

2. Give the symptoms and post mortem appearances of chronic poisoning by tartar emetic? Give the test for its detection?

3. At what period after an early abortion will we be able to detect any signs of a recent delivery both in the living and dead subject? also the symptoms and signs of a more remote delivery?

4. In poisoning by strychnia state what would be considered a fatal dose? How soon after its administration does death usually take place? State the appearances of the body after death, and give the test for the detection of the poison?

CHEMISTRY THEORETICAL AND PRACTICAL—DR. D. CLARK.

1. Describe the graduations of the different thermometers, and state how the degrees of one may be changed into those of another?

2. What significations are attached to the terminations *ides*, *ites* and *ates*? Illustrate by any of the alkali compounds?

3. Explain what is meant by angles of incidence and refraction of light, and show by a diagram how the ratio of the sines of these angles is constant?

4. Write in full the symbols and formulæ of the following, namely: Lunar Caustic, Aqua Regia, White Vitriol, Common Alum, Cream of Tartar, Tartar Emetic, Oxalic Acid, Strychnia, and Urea?

5. What are the acids produced from wine, wood, milk and potato alcohols respectively? Give their acidulous radicals?

6. How is chloroform produced from alcohol? Illustrate the steps of the process by equations or diagrams?

7. Enumerate the different constituents of healthy urine and state the characteristic morbid changes which take place in Diabetes and Bright's Disease? Show wherein the abnormal substances differ from one another in chemical composition?

1. Describe what is meant by the group tests? Mention those usually employed in the analysis of bases, and state a general method by which the metal of a single salt in a solution can be detected?

2. Sketch a reliable process for the separation of alkaloids from organic mixtures?

3. What methods should be adopted, and what reactions would be expected in testing for Arsenite of Potash, Mercuric Chloride, Cyanide of Potassium and Opium?

4. What are the adulterations commonly found in Sulphate of Quinine, Iodide of Potassium, and Chloroform? How may each be detected?

5. Give the synopsis of a plan for the chemical examination of, and tests for, human blood?

MEDICINE AND MEDICAL PATHOLOGY—DR. DEWAR.

1. Intussusception; What portion of the alimentary canal is most liable to be affected? Give prognosis, symptoms, treatment and complications likely to be met with in, or confounded with, this disease?

2. State the difference of temperature between cases of phthisis and pneumonia, and also state a never failing test in the existence of the latter disease, with the method of recognising it?

3. Describe Lepra Psoriasis and give the various methods of treatment in the different forms?

4. Enumerate the cerebral disorders in which the osseous system is liable to be affected, and give the etiology of at least two?

5. Give the pathology of Leucocythæmia?

6. Name the various diseases of the kidney in which albumen is present in the urine? Give the specific gravity? Describe the appearance of the kidney in each case, and give your prognosis in all?

7. Give the various forms of dilatation of the heart? What are the physical symptoms and what would you expect to learn from auscultation and percussion?

8. Typhoid fever; its pathology, symptoms and treatment?

ANATOMY, DESCRIPTIVE AND SURGICAL—DR. ROBERTSON.

1. Describe the internal surface of the ilium?

2. Describe the orbits, giving the name and part of each bone forming their walls and their positions in the walls? Give the name and situation of all the openings communicating with each orbit and state what passes through each opening?

3. In what joints are there interarticular fibrocartilages? Describe them individually?

4. How are the intermuscular spaces at the axillary border of the scapula bounded? State what passes through each space?

5. Give the relations and describe the branches of the second portion of the axillary artery?

6. Give the nervous supply of all the muscles of the lower limb between the knee and ankle?

7. Describe the cæcum and give its relations?

1. Where can the œsophagus be opened? Describe the operation?

2. In fracture of the clavicle, at the middle, what is the nature of the displacement and what produces it? What is the nature of the displacement when at the acromial end, and what, when near the sternal end?

3. In cleft palate what causes retraction of the edges of the fissure, and how may this retraction be overcome?

4. If you decide to ligate for aneurism of the axillary artery, what point would you select? Give your reasons, describe the operation and state what circumstances may complicate it?

SURGERY AND SURGICAL PATHOLOGY—DR. AIKINS.

1. Amputation through the upper third of the leg ought to be made at once; erysipelas is very prevalent in the neighborhood. State in detail your treatment of the case?
2. After the extraction of a tooth, the lancing of an abscess or a gum, or after any accidental wound a continuous oozing of blood may ensue. What is the condition of system causing it, and what is the treatment for each of the above?
3. A contusion over the tibia is soon followed by severe continuous and deeply seated pain, swelling and redness with well marked febrile symptoms. State your diagnosis, prognosis and treatment?
4. Treat an oblique fracture of the shaft of the humerus, with shortening, in a patient who lies in bed at night and walks about by day.
5. Diagnose and treat Hydrocele in a colored man.

1. What is the condition of the vessels, nerves and other tissues in an inflamed part? State what may be observed in the con-duct of the blood corpuscles in the minute vessels of the part.
2. State the modes by which wounds heal?
3. In what ways may cancer growths extend?

MIDWIFERY—DR. LAVELL.

1. What circumstances contraindicate the use of Ergot?
2. What are the dangers, and give the treatment of uterine inertia in the second stage of labor?
3. What is podalic version? When is it indicated, and state minutely how it should be performed?
4. Give the symptoms and treatment of accidental hæmorrhage?

PHYSIOLOGY—DR. EDWARDS.

1. Describe the structure of the lungs from the trachea downwards, and state the changes which the air and blood respectively undergo during respiration.
2. What are the rythmical contractions and dilatations of the heart called? Name and give the position of the valves. Describe and give the causes of the sounds of the heart.
3. Mention the constituents of Saliva, Gastric Juice and Bile.
4. State the normal temperature of an adult and of a new born child. How is animal heat produced and maintained?
5. Describe the mucous membrane of the tongue and explain the effect of division, in separate instances, of the Glosso-Pharyngeal, Gustatory and Hypo-Glossal nerves.
6. Classify nerves according to their function. Describe the structure of nerve fibres. State the

difference between those of the Sympathetic and of the Cerebro-spinal systems, and mention the principle modes of peripheral termination.

7. The crystalline lens; describe position and connection, and explain how vision is adjusted to varying distances.

TOXICOLOGY AND BOTANY—DR. MUIR.

1. Mention the principle narcotic poisons. Give symptoms and treatment.
2. How would you determine whether a case was spontaneous apoplexy or alcoholic poisoning? Give treatment in the latter instance.
3. What are the symptoms of Arsenical poisoning, and what would you do to relieve the patient?
4. In a case of over-dose of strychnia what features would be present and how would you treat them?
5. What condition would lead you to infer that a patient was suffering from chronic lead poisoning? Give treatment.
6. Specify the tests you would employ in a case of suspected poisoning from oxalic acid, and on verification state the course you would pursue.

1. State the distinguishing features of a natural and an artificial system.
2. What does the anther contain which is essential to the perpetuation of the plant?
3. State the difference between Phenogamia and Cryptogamia.
4. Specify the order in which each of the following plants is found, viz:—Podophyllum Peltatum, Aconitum Napellus, Arnica Montana, Cimicifuga Racemosa, Erigeron Canadensis, and Veratrum Viride.
5. What is the difference between Epiphytes and Parasites.

Correspondence.

CASE OF PARAPHYMOSIS.

To the Editor of the CANADA LANCET.

SIR,—As the following rather severe case of paraphymosis terminated so satisfactorily and successfully without an operation I send it for insertion in the LANCET.

The case occurred in a child about 4 years of age. His father had discovered it the day previous to my visit, and as it was getting worse he called me to see him. The prepuce presented the appearance of two inflamed sacs, one on each side of the glans penis posterior to the corona; the frenum was enlarged to the size of a cherry. The upper portion of the prepuce was like a thin

epithelium over an inflamed surface stretching behind the glans, connecting the two lateral swollen portions. The penis was much enlarged, elongated and contorted, having a sigmoid flexure, the convexity being upwards, with the glans tilted up. I wished to avoid the use of the knife if possible. I endeavoured to reduce it by pressure of the glans between the thumb and finger but failed. I then placed the boy on a bed and directed his father to pour from a basin a continuous stream of cold water about the thickness of a goose quill upon the prepuce and glans, at the same time compressing the glans with the thumb and index finger; meanwhile the swelling began gradually to diminish and the inflamed appearance to subside. After about twenty minutes patient manipulation and pouring of the water I was able to remove the glans penis within the prepuce. The penis now presented its normal appearance, and the case required no after treatment.

H. MILLS.

Old Montrose, April 9, 1875.

PUBLIC PROSECUTORS.

To the Editor of the CANADA LANCET.

SIR,—As one who is anxious to see our noble profession receive that respect to which it is entitled and have its standing elevated, I beg leave as one of its humble representatives from the east of the Province of Ontario, to endorse the suggestions of your previous correspondents, upon the appointment by the Medical Council of Public Prosecutors, who would assist us in enforcing the law and in bringing to justice unqualified practitioners and would-be doctors, and thus wipe out quackery and imposition.

Without this being done our Medical law I fear will be a dead letter, as individual physicians do not seem disposed to undertake the responsibility, and the reasons, I am sure are well known to the profession in general.

It is bad enough to be annoyed and deprived of a good part of our honest rights without having every Tom, Dick or Harry who is bold enough to assume the title to be styled doctor, because he may have been a "seventh son," or born as the saying is "feet first," let alone the half-educated and plucked of the colleges. We may well

say with Bacon, "where ignorance is bliss 'tis folly to be wise."

I will only add that if the other counties of Ontario are blessed (cursed) with as many empirics as we are, that it will well repay a prosecutor for each Territorial Division for a considerable time to come, as I believe he would be duly entitled to all fines imposed. That the Council will, at its next session, give the matter its earnest consideration, is, I am sure, the wish of the mass of the profession and also of your humble servant.

JUSTITIA.

April 14th, 1875.

TRAINED NURSES.

To the Editor of the CANADA LANCET.

SIR,—I was much pleased with the remarks in the "*Liberal*" a few weeks ago on the necessity of having good nurses in cases of sickness. After alluding to the different institutions already established in England, Germany, the United States and elsewhere, for the especial purpose of training nurses, the editor asks, "Why should we not have one or more institutions of this kind in Canada?" I wish to call attention to the fact that there is already an excellent establishment of the kind in St. Catharines, Ontario — "The Gasparin Training School and Nurses Home," under the superintendence of Miss Money, in connection with the general hospital there. About two months ago the scarlet fever made its appearance in "The Canadian Literary Institute" here. The authorities evinced great anxiety that there should be provided, good and efficient nurses to take care of the sick. I telegraphed to Dr. Mack, and two nurses were immediately sent from the Home, one for the male and one for the female department of the Institute. They proved to be throughout the endemic of the greatest comfort to us in this trying time. On leaving after their services were no longer required, I am sure they carried with them the entire approbation of all with whom they were engaged. I can testify that they were eminently efficient, and invariably kind and zealous in the discharge of their duties. In no case are the energies of nurses more severely taxed than in attendance on scarlet fever patients.

Yours truly,

JOHN TURQUAND

Medical Attendant.

Woodstock March 31st. 1875.

CANADIAN MEDICAL MUTUAL BENEFIT ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR,—As a member of the Canadian Medical Mutual Benefit Association, and feeling an interest in its welfare, I wish to draw the attention of the members of the profession who are still without its pale to the fact, that it is a real live institution, and that its members are sparing no pains to insure its success.

It is destined to supply a much felt need, and ought to be the means of drawing the profession together in one strong bond of unity; and we should feel a common interest in supporting and building up an institution which in its way is likely to be productive of so much benefit.

As one applicant expresses himself "he does not think it has come into existence one moment too soon, as especially in the outlying sections of the country the medical men cannot hope to provide a competency for those depending upon them, in case they were suddenly taken away, and the organization presents an opportunity which should render the profession in general grateful to its originators." Nor need we go to the newly settled districts to find members of the profession who need the benefits the Association affords, as is evidenced by the fact that an appeal is about to be made to all the registered practitioners of Ontario, to raise a fund to relieve the straitened circumstances of the family of the late Dr. Lizars of Toronto.

On the ground that the late Dr. was a registered practitioner, this action cannot be called in question, and ought to receive our hearty encouragement, and liberal support. But on the other hand it should not be forgotten that this is establishing a precedent which for the same reason should have been established long ago, and must therefore follow every such lamentable occurrence in the future, as the death of a regularly qualified practitioner.

But we would scarcely like to place ourselves in such a relation to each other, or in such a position with the world, as a course of this kind would necessarily and inevitably involve.

We could however, by building up and keeping well managed and supported such an Association, have an amount which would be very acceptable to the representatives of a deceased member, and which we could claim as a right and just due, and not

have to feel towards our brethren that it was doled out to us as a charitable pittance, and to the outside world that such is the result of the efforts of a lifetime spent in unremitted and unrequited toil.

The Association furnished every qualified practitioner with a blank form of application, and while we are pleased with the readiness with which a good number promptly filled up and returned them, still there are many others from whom we have yet to hear, and probably in most cases from indifference. To such we would urge that you give the matter your earnest attention and forward your applications.

Yours truly,

A MEMBER.

Toronto, March 25th, 1875.

ADDRESS

To the Medical Electors of King's and Queen's Division:

GENTLEMEN—In compliance with the wishes of many of my professional brethren, I have been induced to offer myself as a candidate for the honor of representing you in the Medical Council of Ontario.

Should I be successful at the election to be held in June next, I shall, to the best of my ability, endeavour to promote the interests of the profession by carrying out the provisions of the Medical Act, in so far as is compatible with your desires and the general interests of those whom I represent.

If elected, I shall do all in my power to have the recent Act amended, so that medical witnesses, in criminal cases, will receive reasonable remuneration in any court of law in which they are cited to appear; it being obviously unjust to compel them to attend and give evidence, and at the same time refuse them a reasonable fee for their services.

The law relating to malpractice might, with advantage, be amended, by limiting the time for the bringing of actions; and that in all cases, where issue is joined, a certain number of jurors should be selected from among the registered medical practitioners of the division where the case is to be tried, which number should form part of the jury; as by that means justice would be more effectually secured and the law better administered. There are other improvements that might be

enumerated, but which could be considered in framing a draft of the bill.

Having had long experience as a practitioner in the Province, and knowing something of the privations and difficulties that medical men have to contend with, both bodily and mentally, I flatter myself that I can be of service to you in carrying out your wishes, should you honour me with your vote. I shall be happy at all times to confer with you on any subject relating to the duties of the Council or the general welfare of the profession.

I have no private interest to serve; the honour and dignity of our common calling alone shall be my guide in the discharge of the duties devolving upon me as your representative.

I have the honour to be, gentlemen,

Your obedient servant,

WILLIAM ALLISON.

Bowmanville, April 10, 1875.

Selected Articles.

EXTERNAL USE OF TINCTURE OF IRON IN ERYSIPELAS.

BY CLARENCE FOSTER, M.R.C.S.

I wish to direct the attention of my medical brethren to the immense utility of the tincture of iron, locally applied, in arresting erysipelas and many other external diseases when unattended by breach of surface. In simple cutaneous erysipelas, and also in the milder phlegmonous variety, it possesses the decidedly specific effect of subduing, almost at once the morbid action. I have applied it in numerous instances, and always with the most satisfactory results. So far as my experience goes, it is in these cases incomparably the best external remedy ever used. It seldom happens that more than one painting of the same spot is required; and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine; and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's hair brush has been sufficient to effect resolution, while in similar cases we find frequently that leeches, poultices, and evaporating lotions fail to prevent the formation of matter. Again, this remedy may be applied most advantageously in cases of acute rheumatism, where any particular joint is especially swollen and painful, and also on the inflamed surface surrounding an unhealthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well known remedy, ink, as a

domestic application in ringworm has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient. Although the external use of the tincture of iron—first introduced by my father, I believe, some five-and-twenty years ago,—is now pretty common in the West Riding, yet its great therapeutic advantages, I have reason to think, are far from being sufficiently appreciated by the profession generally, and I am fully convinced that any surgeon giving the preparation a trial will be amply satisfied with the result.—*Dr. Foster Medical Times and Gazette.*

THE ADVANTAGES AND DISADVANTAGES OF ESMARCH'S BLOODLESS METHOD.

A paper on this new method was recently read before the County Medical Society, by Dr. Henry B. Sands. The object of the paper was to give a summary of the operations in which it was employed, in the city of New York and its vicinity, during the first year of its trial here, and in connection with the results obtained to devise an estimate of the value of the method. The record of instances in which it was employed comprised a list of 143 cases, tabulated so as to indicate the nature of operation, and, in the fatal cases, the cause of death. Upon the whole, the experience appears to have been very favourable to the new method. In the only instances where evil results seemed to have been due to the application of the elastic bandage, they were more fairly attributable to the mode of its application than to the method itself. It was stated that certain advantages of the method were unquestionable. As to its bloodless character, Dr. Sands regards it as almost perfect, and says that there is only a loss of a few drops of blood during the operation, and the loss of blood from oozing, which occurs after the constricting band has been removed, is far less than the gain by this new method over the older method. After the completion of the operation, the patient has often a relatively greater supply of blood in his body than before the operation was commenced. An interesting point alluded to in this connection is the apparent impuuity with which the vascular system suffers this sudden increase or tension. It is, however, suggested that, in case of thoracic or abdominal disease the sudden distension of the vessels with blood may possibly be attended with danger.

Besides the immediate advantage to the patient of the bloodless operation, the method becomes of vast service to the surgeon under circumstances where deep dissections are necessary, as for the removal of tumours or foreign bodies, or in search-

ing for a deeply-seated wounded vessel. Under these circumstances a clear and unobstructed view of the tissues that come under the knife is very desirable. While the parts are stained and obscured by blood, important structures may easily be wounded or injured, which, with the aid of Esmarch's apparatus, may be safely avoided. This however, does not wholly apply to the blood-vessels, their emptiness rendering them somewhat difficult to be recognized. As a precaution, therefore, it is advised that the operator "make good use of his anatomical knowledge, and study the appearance of the tissues before he divides them."

There is another use to which Esmarch's apparatus might be put, as observed by the writer, viz; in those cases where compound fractures are attended with free hemorrhage; and it is suggested that were ambulance surgeons and those in charge of the police stations supplied with the apparatus, it would frequently be the means of saving life.

The possible disadvantages of the bloodless method are considered under the heads of sloughing, secondary hemorrhage and paralysis. These mishaps all occurred in the cases collected, and in several instances were clearly due to the employment of Esmarch's method. Still in each of these instances there was reason to suppose that the method had not been properly applied. With regard to the applicability of the bandage, it was observed that it is desirable to abstain from its employment in certain cases, and above all to learn the minimum degree of pressure that will accomplish the desired result. The bandage should be soft and highly elastic, and the constriction of the limb should be made either by a piece of the same material, or, where this would be too wide, by a soft rubber tubing. The solid cord, should, he thinks, be abandoned, as likely to do mischief. The constriction should also not be applied for a longer time than absolutely necessary, the danger probably increasing with the length of time the pressure is continued.—*N. Y. Medical Times*

PROF. TYNDALL ON TYPHOID FEVER.

There is, we apprehend, some confusion in the public mind as to the meaning and objects of Professor Tyndall's recent publication on typhoid fever. No doubt has, for many years, existed as to the communicability of typhoid fever by excremental pollution. The vehicle of contagion, and the means of sanitary prevention have long since been established by Jenner, Murchison, Budd, Farr, and Simon, not to speak of the other workers, whose name is legion.

Dr. Tyndall, however, who, as President of the British Association, must be acknowledged as a leader in natural science, yet professedly as an out-

sider, and with no knowledge of medical science, undertakes to settle on behalf of the public, once and for ever, the important question whether typhoid fever can ever have a spontaneous origin from fæcal fermentation, or whether the disease must, of necessity, always spring from a specific germ derived from a pre-existing case of fever. It is not a little remarkable that a philosopher who maintains that even the human race has, by a process of evolution, in the course of countless ages, sprung from something lower in the scale of organisation even than organisms, which he compares to "drops of oil suspended in a mixture of alcohol and water," and who seems to agree with Lucretius in affirming that "nature is seen to do all things spontaneously of herself, without the meddling of the gods," should yet maintain that the poison of typhoid fever can never arise except from a previous case of typhoid fever, and must therefore have existed from all eternity, before even man himself existed. Dr. Tyndall submits that the question at issue involves no knowledge of medical practice, but simply a capacity to weigh evidence. It seems scarcely credible, however, that Professor Tyndall can have carefully weighed the evidence on both sides, when he comes forward and asserts positively in the public press, that typhoid fever is a most contagious disease, like small-pox, and can arise in no other way than by contagion. It may be hereafter shown that such is the case; but the statement is far from having been proved, and there are certainly strong facts on the other side, which demand that judgment in the matter shall be deferred, and which have an important bearing upon medical practice. If the excretions of typhoid fever be so eminently contagious as Dr. Tyndall asserts, it is difficult to account for the remarkable exemption from the disease of the attendants on the sick referred to by all medical writers.

Secondly, there is the experience of the London Fever Hospital, referred to by Dr. Murchison in the second edition of his work on the *Continued Fevers of Great Britain*. "During nine years, 3,355 cases of enteric fever were treated in the same wards with 5,144 patients not suffering from any specific fever. Not one of the latter contracted enteric fever, although it was not an uncommon practice for them to sit over the evacuations of enteric patients, and the use of disinfectants was quite exceptional." Private practice, again, yields like results. Dr. Murchison states that, at the date of the publication of his work, it had been his lot to be consulted in upwards of fifty instances in which persons had contracted typhoid fever away from home and had been brought home ill with it. In only two of the instances did fresh cases of fever appear in the house into which it had been imported, and in neither was there crucial proof that the disease was communicated by the important case. His experience on this point has been con-

firmed by that of other observers ; and we believe that most physicians having a large consulting practice in fever, when asked as to the propriety of sending away the inmates of an infected house who are not themselves suffering from the fever are chiefly influenced in their reply, by the circumstance of the disease having been imported or indigenous, separation being considered advisable in the latter case, but not in the former. Two years ago, typhoid fever appeared in a nunnery in the suburbs of London. Sixteen of the patients were removed during their illness to their own homes, but in not one of the sixteen houses did the fever spread.

Lastly, if a drain gives typhoid fever merely as Professor Tyndall contends, because it is "a direct continuation of a diseased intestine," it is remarkable that some of the most notable outbreaks of typhoid fever in connection with bad drainage have arisen from the drain being blocked up, and from the communication with diseased intestines being in this way cut off. Many other arguments might be adduced ; but enough has been said, we think, to show that Professor Tyndall has only studied one side of the question, or, at all events, has presented to the public, assertions which are calculated to create unnecessary alarm as to the contagious character of typhoid fever.

And this leads us to a most important practical question ; viz., the mode of the prevention of typhoid fever. It is to be observed that, when typhoid fever is stamped out by flooding of drains and the employment of disinfectants, there is no proof that the disease is due to germs derived from a diseased intestine. The success of the measures referred to is as much in favour of the so-called pythogenic theory as of that which is opposed to it. In prophylaxis, in fact, we go farther than even Dr. Budd and Professor Tyndall. We would not be satisfied with destroying the excreta of the sick, but we would insist on the necessity of preventing the pollution of our drinking-water or of the atmosphere of our dwellings with sewage of all sorts.

Lastly, we are not a little surprised that a man of Dr. Tyndall's scientific position, an adept in weighing evidence, should exhibit such a want of philosophic caution as to crown his argument by the astounding announcement that "Dr. Klein has recently discovered the very organism which lies at the root of all the mischief, and to the destruction of which medical and sanitary skill will henceforth be directed." Dr. Klein's researches are still in embryo, and he himself would be the last to make any such statement.—*Brit. Med. Journal*.

BROMIDE OF AMMONIUM IN CATAMENIAL EXCESSES.—Dr. J. K. Black of Newark, Ohio, has often tested the efficiency of this preparation in non-structural excesses, and he speaks (*Cincinnati Lancet and Observer*, May, 1874) with confidence of its valuable powers. He says he no more certain-

ly anticipates the arrest of an attack of ague by the administration of quinia than does he anticipate the control of the forms of catamenial excess referred to by the proper administration of the bromide of ammonium. In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself precedes the flow by several days. Any associated disorder, which has even a remote bearing upon the menstrual excess, should, of course, receive appropriate attention.—*American Journal of Medical Sciences*, July, 1874.

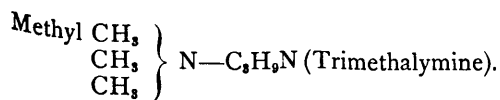
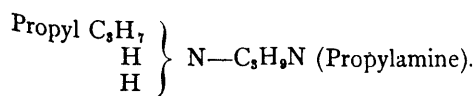
ON THE NATURE OF PROPYLAMINE AND TRIMETHYLAMINE.

Dr. W. H. Spencer contributes to *The Practitioner* of February an article on the properties of trimethylamine, and his experience of its effects in cases of rheumatism and gout.

"Twenty years ago, Dr. Awenarius, a Russian physician, first used trimethylamine (under the name of *Propylamine*) in the treatment of rheumatism. He records two hundred and fifty successful cases, and looked upon the remedy as little less than specific. Since then much has been done on the continent to work out the action of trimethylamine on the physiological and clinical sides. The memoirs of Dujardin, Beaumetz, Peltier, Bonedit and Hambody especially merit notice as giving, with much detail, all that Continental workers have yet made out about the properties of the remedy, and its therapeutical effects. Whatever may have been done in this country to test and verify what the Continental workers have set forth, and to carry on their work, nothing has been published. During the past eighteen months I have treated most all the cases of rheumatism and some cases of gout that have come in my way at the Bristol Infirmary with trimethylamine in one or the other of its forms. I have records of a large number of cases, some analysis of urine and thermometric observations made during the treatments, and more observations made in comparison of this mode of treatment with other modes made in the same patient and in different cases."

"Wertheim, in 1850, prepared from narcotine a body having a formula C_3H_7N ; he called it *metacitamine*. Anderson, in 1850, prepared from codeine a body having the same formula; he named it *propylamine*. Hoffman, also in 1850, showed (from his own and Wurtz's researches) that by the substitution of three molecules of methyl for the three hydrogen atoms of ammonia, a body

was formed having the formula C_3H_7N ; this body was, according to Hoffman's nomenclature, trimethylamine. Wertheim soon after extracted from herring-brine a body isomeric with his metacitamine; thenceforward he adopted for both bodies the name propylamine. And now many chemists draw from many different sources, animal and vegetable (cod-liver oil, human urine, putrid calf's blood, guano, ergotine, chenopodium vulvari and numerous other plants), a body having the formula C_3H_7N . Always this body was called propylamine; the substitution-body prepared artificially in the laboratory was, as yet, the only trimethylamine. Thus the reconciliation took place, and chemists (following up Wurtz's and Hoffman's researches) found that the body got from natural sources was not propylamine at all, but the same in all chemical respects as the artificial compound ammonia called trimethylamine. *Propylamine* is a primary compound ammonia (monamine). Trimethylamine is a tertiary compound ammonia (tri-amine). Thus:



Essentially the difference is in the radical; *propyl* is one thing, *methyl* is a different thing altogether. It is methyl that exists in the body extracted from narcotine, codeine, herring-brine, and all the natural sources already named; which exists, that is to say, in our new remedy for rheumatism. I do not know that propylamine has been obtained from natural sources at all. I believe it is as yet only an artificial product got by the treatment of the iodide of propyl with an alcoholic solution of ammonia.

"But more than that, the artificial propylamine differs from the named trimethylamine in these respects: it has a different odor, its boiling point is $49^\circ C$. instead of $9^\circ C$., and in its chemical reaction it gives results quite different to those of trimethylamine. The name propylamine should be discarded without delay for the substance now used medicinally; this is trimethylamine, or at least contains it. But what we use as a remedy is not purely and only that body which the formula C_3H_7N represents. No chemically pure trimethylamine has as yet been used in medicine, not even in the important physiological experiments of M. Hambro. The substance used in medicine is the product known commercially as propylamine; this substance is obtained chiefly by distillation of herring-brine with potash or lime, and subsequent more or less repeated rectification. It is a mixture of trimethylamine (C_3H_7N), ammonia and ammon-

iacal compounds, all in solution in water. The amount of ammonia and organic impurity (chiefly animal oil) in the solution depends upon the greater or less completeness with which the process of rectification is carried out. If the brine is simply distilled with lime, and the products condensed in water, the resulting solution will contain much ammonia and impurity. If, on the other hand, the rectification is carried out fully, as in the process presently to be described, there results a tolerably uniform product containing only traces of ammonia and organic impurity. The composition of the commercial solutions, as might be suspected from this, has been found to vary greatly. Nor is this variation in composition due, even chiefly, to the mode of preparation. MM. Girardin and Marchaud analyzed specimens of Scotch, Yarmouth, and Channel brines (*Four. de Pharmacie et de Chimie*, 1860) during several years, and found not only that the composition and quality of the different brines varied greatly, but the same brines varied in different years. M. Petit examined numerous specimens of commercial propylamine, not alone French, and found the amounts of alkaline products in the solutions varied from two to fifty-five centigrammes in the gramme. Since these alkaline products readily expressed several ammoniacal compounds as well as trimethylamine, the quantity of this supposed essential ingredient must have been, in some of the specimens, extremely small. Within the past two years, however the process of manufacture has been much improved. In the solutions now supplied for medicinal use, at least by our best manufacturers, constancy of composition and purity are very fairly attained. The solution I have used was supplied by Messrs Ferris & Co., of Bristol. They inform me that the solution they sell is prepared solely from herring-brine, and by the following process:—the brine is distilled with soda-lime and the products condensed, the alkaline distillate is treated with hydrochloric acid and evaporated; the residue is treated with absolute alcohol, whereby ammonia chloride is separated; the alcohol is driven off, what remains is distilled with caustic lime or potash, and the products are condensed in cold water. The solution in water is usually sold as propylamine. But if rectification is pursued much further, the products are condensed in hydrochloric acid. The acid solution is evaporated to dryness, the residue treated with absolute alcohol, and again distilled with brine. This last process is repeated until the product is uniform. The solution supplied to me contains twenty per cent. of this final product. From careful consideration of this process, I conclude that the solution is a twenty per cent. solution of an alkaline product (expressed as trimethylamine) with traces of ammonia and organic compounds, not ammoniacal. The alkaline product contains trimethylamine and undetermined ammon-

ical or other compounds. What may be the absolute proportions of trimethylamine (C_3H_7N) and other compounds in this alkaline product appear to be quite unknown. Constancy, as to the alkaline product, is certainly attained, but constancy as to the amount of trimethylamine in the product would seem still to depend on the quality of the original brines. With a view to avoid inconsistency and purity in the commercial product, a salt of trimethylamine has been used in medicine instead of propylamine. This salt is called, according to the barbarous and corrupt nomenclature perpetuated by our pharmacopœias, hydrochlorate of trimethylamine. It is really a chloride of trimethylamine and is prepared either by halting at a particular stage in the process of rectification of the propylamine solution, or synthetically from tiramethylammonium iodide. In the former case the base is not simply the body represented by the formula C_3H_7N any more than the trimethylamine of the commercial propylamine is that body. It is, in fact, both in the chloride and commercial solution C_3H_7N with other compounds existing in herring-brine, all separated as chlorides during the process employed. The chloride is, of necessity, only an approximately pure salt; it contains a notable quantity of ammonium chloride, the presence of which is essential to the stability of the salt in the solid form.

“Such being the state of the case as regards the chemistry of the product propylamine and the chloride of trimethylamine now used in medicine, the question arises, what in these may be the efficient cause of their effects? The effects may be due to the trimethylamine (C_3H_7N), or to the other ammonical compounds contained in the products, or perhaps to both. The effects of the synthetically-made chloride of trimethylamine could not be taken to settle the point, for a salt like a chloride is, in the body, a very different thing to a solution of the base. These two—the commercial product containing trimethylamine (C_3H_7N) with other ammoniacal compounds, and the chloride of trimethylamine—are clearly not interchangeable as remedies until it can be shown that their effects are precisely the same. The similarity of effects has not yet been shown. Again, the experience of the effects of the alkaline treatment of rheumatism, and I may say also of gout, can hardly go for nothing when seeking in the composition of a substance like propylamine a cause for any effect it may produce. I confess on my own part to a strong suspicion that the ammoniacal compounds will be found to take at any rate the larger share in the effects. It is clear that in estimation and comparing the therapeutic effects of the commercial propylamine, the variability in its composition must be taken into account. Much that has been anomalous in the experience of the remedy may possibly be accounted for if solutions varying

greatly in compositions have been used. If it is a first condition in therapeutic observations that the compositions of drugs should be referable to known standards. In the particular case, if this condition were fulfilled, a decision upon the absolute and relative values of propylamine, pure trimethylamine and the pure chloride could very soon be arrived at. Nor would it appear to be difficult to fulfil the condition. M. Wurtz* has proposed a way of preparing trimethylamine artificially; the solution obtained by this process can be titrated, like any ordinary solution of ammonia, to a definite and constant standard. Many points might be soon cleared up if the effects produced by such a solution were compared with the effects produced by a product obtained by distillation of herring-brine with lime or potash and not subjected to subsequent rectification.

“But the solution and the salt have generally been prescribed on the Continent in the form of mixture, the vehicle being aqua menthæ piperitæ, and aromatics, being used to disguise the unpleasant taste. The dose employed has varied much; it has ranged from nine to thirty minims for the solution, and has not exceeded ten minims for the salt. The chloride has been used in the form of a pill (made up with marsh-marrow, honey, and tolu), and the solution in the form of capsules. I have, except in two instances, invariably prescribed both trimethylamine and the chloride in the form of mixture, and my formula is this:—

R Trimethylamine.....M iv. vel M viij.
Syrupi zingiberis.....ʒ j.
Aqua menthæ piperitæ....ʒ j.
Mix.

—*Talis fiat modus secundâ quâque horâ sumendus.*

“And, as supporting the probability of variations in composition, I have at different times found that the same results were obtained with a dose of two minims as with a dose of eight minims. Now, I give always four to eight minims, at first every hour or two hours, increasing the interval as the pains diminish and the case progresses. When all pain is gone I cease to give the remedy, and substitute, in most cases, quinine. Rarely have I to re-exhibit the trimethylamine, but I do so if the pains recur.”—*New Remedies.*

INTRACTABLE VOMITINGS DURING PREGNANCY—M. Féréol reports, in the *Annales de Gynécologie*, the case of a woman aged 33, who became pregnant in the beginning of September 1871, and was attacked by sickness and diarrhœa from the commencement of her pregnancy. She entered a hospital in December, and went through the treatment commonly employed for this affection—the administration of nux vomica, belladonna, and

cauterisation of the neck of the uterus, etc. She had fallen into the last stage of weakness, when she expelled a foetus about six months old. The vomitings were stopped for some days, but soon reappeared; and the woman died six days after the operation. At the necropsy, it was discovered that the small curvature of the stomach, from the cardia to the pylorus, was filled with a tumor, spreading over the surfaces of the organ, especially over the posterior surface, and measuring two *centimètres* at its greatest thickness. The presence of this tumor sufficiently explained the want of success of all the medicinal agents employed, as well as the uselessness of the induced abortion. It must be acknowledged that, amongst the numerous plans of treatment extolled as remedies against the obstinate sickness of pregnancy, not one inspires absolute confidence. The two following remedies are put forward as specific against this distressing complication, which, however, are given here with all reserve. Dr. Blackwell reports, in the *Philadelphia Reporter* for October 1873, that two drops of tincture of nuxvomica, given hourly, have been successful in a case where all the usual means had been tried without success. Dr. Woillez, in the *Journal de Thérapeutique* for January 1874, recommends that the pharynx of pregnant females should be painted with a solution containing a third part of bromide of potassium, as a remedy for the sickness which depends on reflex action.—*Brit. Med. Journal.*

DRUNKNESS IN LIVERPOOL.

The evil of drunkenness in Liverpool is attested by all sorts of witnesses, either as aggravating a condition of poverty or vitiating what would otherwise be a condition of comfortable competence. We may quote two other witnesses on this point—Dr. Parkes and Dr. Burdon-Sanderson—whose evidence will be received with great respect. They say, "We cannot doubt that intemperance plays a very large part in producing this poverty and its attendant evils." The result of their inquiries is given as follows:—

"We have, then, a population who are living in houses very badly planned and very closely crowded together, and who are placed, partly by their own faults, partly by circumstances, in conditions which necessitate their breathing an atmosphere which is highly fetid from several causes * * * * The unhappy people seem to know none of the comforts and few of the decencies of life, and widespread habits of drunkenness, and consequent want of food, aid their wretched homes in destroying their health."

They question whether 20 per cent. of the labouring classes are living lives of ordinary decency and restraint. The population of Liver-

pool is more dense than that of London, Glasgow, or Manchester. A writer in *The Times* this week says there is a spot near the Exchange, not exceeding 23,500 square yards, which contains about 5000 persons, being nearly equal to 1000 to an acre. Dr. Trench says no language can depict the horror of the condition of those families living in single rooms. In the epidemic of small-pox drunken persons would sleep in the same bed with the corpse, and rise in the morning and go unwashed to mingle with the general population. But the shocking thing is that, while in the decade 1860-71 there was in the parish a diminution of 2717 in the number of inhabited houses and of 31,389 inhabitants, there was an excess of deaths over births of 2660. It is in such facts as these that we must find the explanation of the real evils that exist in Liverpool. Insensitiveness and brutality are as sure to come out of these conditions as typhus and diarrhoea and consumption. And if any good is to be done, society must charge itself with much responsibility. A partly controllable factor in the case of drunkenness is the absurd number of public and beer houses. And, by the way, if all accounts be true, there is in Liverpool, in addition to drunkenness, a habit of drinking even in the early parts of the day, and among well-to-do people, who have not the excuse of the poor. We can only indicate the evils to be remedied. A community so situated must be its own physician. But let it not delude itself with slight remedies, or think that flopping or even executing a few coarse criminals that are brought to justice will do more, at best, than alter the manifestations of the crime that exists. When the very first principles of civilization are outraged the consequences must be accepted. Until education comes to alter the tastes of the people, we see nothing for it but an exceptional system of local restriction and legislation, such as more happily conditioned communities do not require.—*The Lancet.*

TREATMENT OF ACUTE RHEUMATISM.

During the past three years, I have been in the habit of packing most of my cases in a wet blanket, and afterwards rolling them up in dry blankets, so as not not only to promote profuse sweating, but also to increase the temperature. This mode of procedure, which I conducted in a very indefinite manner, gave such good results, that I thought carefully over the *rationale* of the system, and at once adopted a course of wet packing after the manner and with the success which I will relate to you. The procedure is simple. The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot

water. The patient is then enveloped in the blanket, and covered with six folds of dry blanket. By this, the temperature is raised and profuse sweating results: the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by giving freely, warm milk and water. If the temperature exceed 102 deg., then the stimulant is unnecessary. My plan is to continue the treatment for three successive days; namely, for six hours the first day, four the second, two the third. After the first pack, the patient is free, or nearly so, from pain; after the second pack, the pain has completely subsided, and after the third pack the sour smell usually disappears. In addition to the relief from pain and subsidence of acid secretions, the pyrexial state, with its attendant symptoms, will be found to decrease in direct ratio, and likewise the pulse. The secretion of urine will become more plentiful and the urea will diminish in quantity; yet, although the improvement is so marked in reference to pain, sweat, pulse, and temperature, the urine remains acid and loaded with lithates, and the tongue coated, for some days longer. It not unfrequently happens, especially in young people, when the weather is variable, that transitory pains return in one or more joints; but in almost every instance the pain has been subdued, if not by the first, by the second bath. In reference to cardiac inflammation, I believe that this treatment subdues it more rapidly than any other, rendering the valves less likely to undergo organic change.

But now comes a very important and practical question. There can be no doubt that the packing process produces considerable constitutional disturbance. Under what circumstances should this treatment be adopted, and under what conditions is it not practicable? Every one who has had much to do with this disease, must be conscious of the anxiety which it gives him, when the temperature exceeds 105 deg. or 106 deg., and especially when it is associated with the least sign of cerebral disturbance; and, as my treatment consists in elevating the temperature, it will be apparent that some care is necessary. Thus, according to my experience, it should not be adopted—1. If the patient suffer from incompetency of the aortic valves; 2. If there be much fluid in the pericardium from previous inflammation; 3. If the temperature be over 104 deg.; 4. If the skin be hot, dry, and harsh, without the least tendency to sweating; 5. If there be extreme nervous prostration from habits of drunkenness and other vitiating cause; 6. If the patient be pregnant.

Again: during the time the patient is packed, the following points must be observed:—1. If, after two or three hours, the patient become very restless, with a dry non-perspirable skin, I should advise the treatment to be discontinued; also when the temperature exceeds 105 deg.; 2. If the tempera-

ture do not rise, and the patient be sweating freely, give half an ounce, or even an ounce, of brandy every hour in warm milk and water. Thus we have to secure profuse sweating and a mean temperature of 104 deg.; we have to guard against a dry skin and a temperature over 105 deg.

Let us consider this a little more practically. If a healthy child be packed for six hours as directed, whose normal temperature is 99 deg., we find that it will only rise one degree during the whole course of the six hours, and the administration of a stimulant will not cause it to rise any more. It is very different during the pyrexial stage of acute rheumatism, and I have proved most unquestionably that, when the packing alone does not increase the temperature, this is easily brought about by giving brandy in the manner just stated. I have adopted this treatment with excellent results in cases where there has been, in addition to the rheumatic inflammation, a mitral murmur, pericarditis, and pleuro-pneumonia. In some cases I give medicine, in others I do not. My rule is this: not to give medicine or solid food until after the third packing, and this means not until the acute symptoms have subsided and the temperature is down to 100 deg.; then some vegetable tonic, with solution of acetate of ammonia, is to be preferred to large doses of alkali or quinine. If, however, the case have been of long duration before coming under treatment, and if it be the third or fourth attack, with probably cardiac disease, then of course the orthodox measures must be resorted to for such complications. If the temperature should run very high, with tendency to delirium, I believe the best plan is in every instance, whether under the packing treatment or otherwise, to apply ice to the head, expose the body freely to a current of cold air, and sponge it over lightly with a mixture of one part of spirit to two of water, until the temperature falls; then to discontinue this, and to apply a sinapism to the epigastrium. The following case occurred in my practice, from which a lesson might, perhaps, be learned. A young robust woman, aged 19, came under my care with incipient acute rheumatism, but with a dry harsh skin and a temperature of 102 deg. I had her packed in the usual manner at 1.30 P.M.; at 4.30 P.M., there was no action of the skin; temperature 104 deg.; at 6.30 P.M., still no action of the skin; temperature 106.2 deg.; rapid action of the heart and tendency to delirium. I at once applied ice to the head, bathed the exposed body with spirit and water, and in twenty minutes I was pleased to find the temperature down to 103 deg.; the following morning it was 101 deg. Again: a woman, aged 28, of drunken and dissolute habits, came under my care with the third attack of acute rheumatism; there was considerable prostration and a temperature of 103.2 deg. I thought that I detected a fine murmur obscuring the second sound at the

base of the heart. I ordered her to be packed in the usual way; but her temperature continued to increase, until it reached 110 deg., and she died. This is the only case which has terminated unfavorably out of a very large number. Whether the high temperature arose from the treatment, I am unable to say, and, as such cases do occur now and again under any treatment, I must decline to give an opinion.—*Dr. Dowse, Brit. Med. Journal.*

UNITED FRACTURE OF THE FOREARM, WITH DEFICIENCY OF THE ULNA, TREATED SUCCESSFULLY BY EX- CISION AND THE WIRE SUTURE.

By THOMAS ANNANDALE, F.R.S.E., Surgeon to the Edinburgh Royal Infirmary and Lecturer on Clinical Surgery.

R. K., aged 29, was admitted into my wards on June 24th, 1873, suffering from an ununited fracture of the bones of the forearm. About six months before his admission, his forearm had been severely injured by machinery. Both bones were fractured, and a large lacerated wound was caused by the accident. He was taken to a provincial hospital and carefully treated for several months. About three months after the accident, a large piece of bone (a portion of the ulna) gradually loosened, and was removed. Three weeks after this, the wound was healed, but the bones had not united properly.

When the arm was examined, a large cicatrix was noticed over the middle third of the bones of the forearm; it was adherent to the ulna for a short distance, but was otherwise free. Both bones were movable at the junction of their middle and lower thirds, but the radius less so than the ulna. The ulna was not only quite ununited, but was deficient for about one inch at the seat of fracture, the results, no doubt, of the necrosis which had followed the injury. The fractured ends of the ulna were displaced towards, and adherent to, the radius. Pronation and supination could not be performed, and the arm was also weak, and, in consequence, useless.

On June 27th, I performed the following operation, with the hope of making the arm more useful. An incision, about three inches long, was made over the dorsal aspect of the ulna, so as to expose the fractured portion of this bone. It was then found that the fractured ends were rounded off and atrophied, united to one another and to the radius by some strong fibrous texture. These ends were also displaced inwards, and there was fully an interval of an inch between them owing to the deficiency of the bone.

The condition of the bones is illustrated dia-

grammatically in Fig. 1, the dotted lines at AA and BB showing the amount of bone removed from the radius and ulna at the operation.

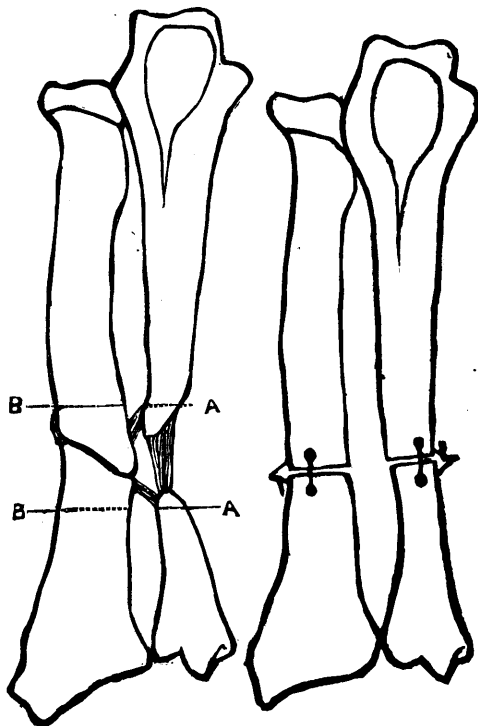


Fig. 1.

Fig. 2.

About a quarter of an inch was sawn off the ends of the ulna; and, as it was quite evident that these ends could not be brought together, a second incision was made over the dorsal aspect of the radius, and a portion of this bone, including the partially united part, was also sawn off. By thus shortening the radius to a sufficient extent, the ends of the ulna were allowed to meet, the adhesions connecting them to the former having been divided. The ends of both bones were then drilled and secured with strong silver wire, as shown in Fig. 2. The edges of the wounds being brought together with a few carbolised silk sutures, antiseptic muslin was applied in the usual way, and the arm adjusted on a splint. On the 3rd of July, it is noted that the patient has progressed favourably since the operation, and the wound is healing well. On the 8th of July, the wire through the ends of the ulna being a little loose, was twisted more firmly. The patient's progress continues good.

On the 3rd of August, the wounds were quite superficial, and the wire through the ends of the radius being quite loose, was removed. On the 13th of August, the wire was removed from the

ulna ; and on the 29th, the patient left the hospital, the wounds being almost healed.

Six weeks after this, he returned to show himself, when it was found that the bones were firmly united. The forearm, to a limited extent, could be pronated and supinated ; but these and the other movements of the arm were steadily improving, and the limb could already be used in many ways, its strength being greatly improved since the operation.

Remarks.—For the successful treatment of this case, it was necessary to overcome two principal obstacles. These were : (1) the deficiency of the ulna ; (2) the displacement inwards of the ends of the ulna, and their adhesion to the radius. In addition, the large cicatrix forming the chief covering of soft parts over the injured bones made operative interference more difficult than if these coverings had been sound. The first of these obstacles was successfully overcome by removing a portion of the radius, so as to allow the ends of both bones to be brought together. The removal of this portion of bone by diminishing the amount of the osseous element of the forearm also permitted the contraction of the wounds in the soft parts to take place satisfactorily. The second obstacle was successfully combated by dividing the adhesions, drilling the ends of both bones, and securing them with strong wire, as shown in Fig. 2.

This method of securing the fractured ends would, I believe, prove very valuable in many cases of recent compound fractures of the bones of the forearm. It is a most efficient means of preventing their inward displacement, and therefore assists much in preventing also the union of the radius and ulna to one another, a condition not easy to overcome in this class of injury. The wire which I employ in this and other operations of the kind is silver, of the thickness usually employed to secure the corks of soda-water bottles. The instrument used for drilling the bone is a joiner's common small pricker. Having tried more complicated instruments for this purpose, I have now a decided preference for the more simple tool, which I always find to be most efficient.—*Brit. Med. Journal.*

CURE OF BENT KNEE.

By JOHN MORGAN, F.R.C.S.I., MERCER HOSPITAL.

In a former communication I brought forward some cases of cure accomplished in very young children. I have had since that date, from the extension treatment some very successful results in older persons. One of these shows a case where the cure was accomplished in two separate steps, as when the adhesions are found to be very firm

and difficult of disruption, it may be judicious to be satisfied with an incomplete extension at any one time.

Case I In February, 1873, G. H., aged nearly ten years, came under my care, with the knee bent at a very considerable angle. He had suffered from disease of the joint for several years ; it had gradually ankylosed in the position shown in the illustration. There was very little mobility of the joint, but his general health was now good. I found the biceps tendon resisting, and having put him under the influence of ether, I divided it, and straightened the knee very considerably, notwithstanding a great deal of resistance. In two months the boy went to the country, and I lost sight of him till November, 1874, when he came to me with the knee still somewhat bent ; he used a crutch, though the front part of the foot reached to the ground and served in progression.

On November 29th, 1874, I put him under ether, and forcibly extended the joint, without finding it requisite to divide any tendon. I had two lateral stays applied with a leather padded strap at the knee ; he went to the country in three weeks, walking well, without any assistance.

In this boy the deformity had been very great indeed ; he was apparently a hopeless case ; he now walks boldly and firmly, with but a slight limp.

Case II B.M.C. at eleven years, described himself as having a bad knee as long as he could remember. It had been in the bent position for over five years ; abscess had formed, and he had suffered the usual long tedious consequence of joint disease. He came to me in order to get the limb straightened ; its appearance was as is shown by the photograph taken December 27th, 1874. On December 30th I put him under the influence of ether, and divided the outer tendon. I closed over the wound immediately. On January 2nd I again etherised him, and extended the knee in the way I have already described. The result was most satisfactory, and the photograph taken January 1875, shows how well the patient could stand and walk without support, even in the short time that had elapsed after the operation.

Another instance of successful treatment is furnished by the case of J. R., a stout lad of eighteen, from the country. He had suffered for years, the joint had suppurated, and the limb finally recovered, bent at a very considerable angle indeed, so much so that when the photograph was being taken the foot had to be supported and steadied. The limb had wasted, while the other had become immensely muscular. In November, 1874, I put him under ether, and divided the biceps, and by making extension I extended the limb steadily. An angular splint was applied, and in a few days later lateral supports. A troublesome abrasion formed on the heel, and he got a dyspeptic attack, which delayed treatment. The limb, as represented

in the drawings, became a useful one, and he returned to the country without a crutch, and able to get along with a stick only, and this chiefly to give him confidence at first in using the limb.

In February this year, a girl aged nineteen, was sent to me suffering from a bent knee of long duration. She could get her foot to the ground with the aid of a very high-heeled boot, but could not walk without support.

I extended the knee, under etherisation, by force, and without the necessity of dividing any tendon. The adhesions gave way with some difficulty. The recovery and utility of the limb were both most satisfactory.

On March 4th she thus writes in reporting her state:—"I take a pretty long walk every day since I came home. Words would fail to express my gratitude, for I never expected to walk as I can at present. I gave up all hopes of that. As you already know, I never went without either a crutch or stick for more than twelve years."

These patients even in a few weeks obtained wonderful command over a limb that had been useless for many years. The first one, of G.H., shows the boy as he "posed" himself in the attitude of ease shown in the woodcut; the others "posed" with the arms crossed, show the steadiness of posture which had been obtained in so short a time.

These cases illustrate one remarkable phase of conservative surgery where instead of removing a limb from its becoming inconvenient as well as useless, we may restore it nearly as whole as before and practically as useful. Some of those I have cited were instances of deformed joints, the result of long past inflammatory action, and where the adhesions were old and firm, others were of more recent date, yet in all equally favorable results were obtained. It requires at first sight some fortitude to use such force as would alter a joint which has it may be for years, been in a formal position, but the fact is that is one of the essentials in the treatment, judgment and care in the selection of the proper case, and of the proper time, being the others. This treatment is applicable to all joints, even to the hip under certain circumstances, when assisted by myotomy. The number of cases which we see "going on crutches" show that the attainment of ankylosis, or "bent knee," is sufficiently frequent, whether intentionally sought for, or consequent on neglect, and allowing the limb to stiffen in a position it most naturally assumes when the subject of a disease, as proved by the interesting experiments of Bonnet, who, by forcing fluids into the synovial cavities of the different joints, arrived at definite conclusions, as the joint always assumed the same position and figure, irrespective of the posture of the limb at the time of practising the experiment, the knee-joint assuming (as it is found to do in life) an angle of about 120 degrees—an angle, unfortunately, which, when once established

would leave the owner with but imperfect use indeed of a limb so important to his comfort and utility.

The use of an anæsthetic dispels any possible objection on the score of pain.

The small incision made by the tenotome hardly deserves the name of one, while the rapidity of the reduction may be fairly titled instantaneous. I can hardly conceive anything more satisfactory to a patient than the sudden regaining of a limb long given up as hopeless, and which has been a constant worry from giving pain and inconvenience, and I have myself experienced the pleasure of restoring to activity those who were cut off from their enjoyments, and limited in their hopes by the misfortune of a bent knee, which, after even many years of incapacity, I have seen used with vigor and intense enjoyment in two or three weeks after my manipulation.—*Med. Press & Circular.*

PHOSPHORUS IN BONE DISEASE.

Professor Jacobi, of New York, says that in a number of cases of bone disease he has resorted to a rather novel treatment. He referred to phosphorus. It was a number of years ago that a German anatomist fed a great many hundreds of rabbits, whose bones he had broken, on phosphorus. He found that fractures of bones would heal rapidly when the animals were fed on food containing minute quantities of phosphorus. When phosphate of lime is given in rickets, it is just as speedily eliminated as it is introduced into the system, and then it is really doubtful whether it is of much use or not. He was in the habit of prescribing phosphate of lime, because it is still believed that some portion of it will be retained in the system; but eventually it will be found that there is but a very unsatisfactory result. With phosphorus it is different. This gentleman found that when he fed these rabbits on phosphorus, a large amount of callus was thrown out, and in a very short time relatively, the bone was healed. He says himself that he had no chance to try his method on the sick. When Dr. Jacobi read this paper, it occurred to him to try phosphorus in bone disease. He had since done so in a large number of cases, both subacute and chronic, both in private practice and in his clinique, and a large number of these had undoubtedly been benefited by it; he had now a number of cases of caries, subacute and chronic; and pure periostitis got well under this treatment when it could hardly be expected.

The dose should not be more than one-twelfth to one-tenth of a grain to an adult, or one-thirtieth to one-fortieth of a grain four times a day to an infant, in the proper menstruum. It should be given

after meals, mixed with mucilage, or barley-water, and at the same time a little iron given. The use of phosphorus as a remedy for bone disease should be remembered, for it cannot yet be found in books or journals.—*Med. Press & Circular.*

DR. BEALE'S LUMLEIAN LECTURES.

The nature of life is a question, says Dr. Beale, which has engaged the attention of the most thoughtful minds of all ages. But we will still speak of the mystery of life. Many of those who are teaching at this day that physical and chemical processes constitute the life of the higher animals are perfectly aware that there are certain phenomena which cannot be explained by physics and chemistry.

Dr. Beale expresses himself as strongly opposed to the doctrines now generally taught and fast becoming widely diffused. It is dogmatically asserted, he says, in the plainest language, that all living things are machines, and all their actions mechanical. It is said that the sun forms living beings; that the brain and all organs are built up by the sun; that all the actions of living beings are mechanical, and that all things alive are machines; that living organism, as well as crystals, are the product of molecular forces; that the mind, the intellect, the will, thoughts, and emotions, as well as the body, were all once latent in a fiery cloud; and that the present world and all its inhabitants, past and present, as well as those to come, lay potentially in the matter which was once cosmic dust; that the lowest forms of living approximate very closely to non-living material: whilst only matter and material forces—only atoms and atomic forces—have been and are concerned in the formation of all things, living as well as inanimate.

Dr. Beale then points out that up to this time no one has succeeded in showing that the above propositions contain the vestige of a substratum of truth.

Those who force such views on public attention, says Dr. Beale, incur a serious responsibility, but I am not sure if scientific men who strongly disapprove of the course taken, and who know full well that many of the extravagant assertions now made in the name of science, and from a scientific platform, cannot be supported by facts, do not, by their silence, incur a responsibility equally grave, inasmuch as they permit arguments which they know to be unsound to be advanced in the name of science without objecting to them.—*Medical Press and Circular.*

NELATON AND NAPOLEON.—A short time before his death Nelaton was called to attend the Prince Imperial in a deep-seated abscess of the hip-joint.

Self-controlled as Louis Napoleon was constitutionally, the slightest illness of the Prince always unmanned him. Nelaton gave the case a careful examination, and decided, with his usual coolness, upon his treatment. He resolved to lay open the abscess. The Emperor, nervous and excited, objected. "But it must be done," insisted Nelaton; "his life depends upon the operation." "Nelaton," replied the Emperor, "I see no abscess there, and not the least indication that the knife is necessary. You will kill the Prince." "Will your Majesty leave the case with me?" insisted Nelaton. "The Prince will die if he is not relieved of this abscess." Napoleon then reluctantly consented, and, turning round to a window in the apartment, leaned his head upon the sash. Nelaton hastened to use his bistoury, but on the withdrawal of the instrument not a drop of pus appeared, but blood flowed copiously from the wound. The Emperor became furious, and rushing towards the surgeon, exclaimed frantically. "Did I not tell you that no abscess was there, and that you would murder my child?" The situation was now appalling; but Nelaton stood calm and unmoved. He had formed his diagnosis, and knew what he was doing. Quickly eluding the grasp of the Emperor, he in an instant plunged his bistoury a second time into the deep-seated abscess, whereupon, the pus having been reached, escaped, to the relief of the patient, and the complete vindication of the heroism and professional sagacity of the great surgeon.—*Logan: Atlanta Journal,—The Clinic.*

REMARKS ON THE LOCAL USE OF LIQUOR FERRI PERCHLORIDI IN CANCEROUS ULCERATIONS OF THE UTERUS.

By Charles J. Gibb, M.D., Consulting Surgeon to the Newcastle-on-Tyne Infirmary.

Cancerous diseases of the uterus have generally progressed so far before they come under professional observation, as to pass as incurable from one medical man to another, and it thus happens that I see a large number in my consulting-room. It is rare to find the disease so superficial and purely epithelial in character, or, if interstitial, so confined to the mouth and the neck of the uterus, that the diagnosis can be made with such certainty as to justify the surgeon in excising it; and in the advanced stages, the foul discharges make the patient so loathsome, that, in spite of the keenest feelings of pity, the surgeon is inclined to view the case as utterly hopeless, and leave all manual treatment to the nurse. When we remember how much relief can be given to the worst symptoms of the most incurable cases of external cancer by operation, or

by other measures calculated to remove fungoid or sloughing surfaces or masses of the disease; how pain can thus be relieved; bleedings prevented; foul discharges moderated or made less disgusting in character,—it is not surprising that surgeons should strive to give similar relief to the worst cases of cancer of the womb, and be more or less successful in their efforts. From time to time, I have tried the various local applications I have seen recommended; have made use of many caustics; have been taught by painful experience that caustic potash, or caustic potash and lime, are unmanageable, and too dangerous to the surrounding parts to be used with the freedom requisite to be of service; that the actual cautery is too fear-inspiring; that nitric acid or acid nitrate of mercury (which had been used with great care) are inefficient; and that lunar caustic and powders or points of zinc or alum are useless as caustics.

About two years ago, I had occasion to dilate the uterus in a very obstinate case of menorrhagia proceeding from large vascular granulations in the cavity of the enlarged organ. The strongest pharmacopœial solution of the perchloride of iron (being in fact iron dissolved in pure acid) was injected into the open uterine cavity, and a piece of sponge soaked in the solution left there for twenty-four hours. This treatment was perfectly successful, and I viewed with surprise the efficient way in which the soft and vascular growths were destroyed, while the normal structures of the uterus and vagina were but little inconvenienced, and certainly not eroded. Since that time, I have been accustomed to use this solution in many cases of cancer of the uterus; and, having promised our secretary to read a few notes at this meeting regarding its usefulness in my hands, I jotted down the histories of the following cases, being the case of cancer in which I used it in my consulting-rooms during the week succeeding the day I made that promise.

Case 1.—Mrs. B., aged 36, a shopkeeper, married five years, without children, was a strong powerful woman until fourteen months ago, when she was seized with menorrhagia, followed by the foul sanious discharges and other symptoms of cancerous ulceration. She came to my office about six weeks ago, anæmic to the last degree, from almost constant hæmorrhage and putrid discharge. On examination, the mouth and neck of the uterus were found destroyed, and their place occupied by a large, deep, sloughing, cancerous sore. The body of the uterus felt greatly enlarged, and as hard as a cricket-ball, whilst the vagina was quite free from disease. Profuse hæmorrhage attended the examination. The sore was filled with cotton-wool soaked in the solution of the perchloride, and the vagina stuffed with tow. She came from a distance by rail, and was ordered to remove with her fingers, or allow the lady who accompani-

ed her to withdraw, the stuffing of tow next morning, and trust to the injections of zinc and alum to wash away the cotton-wool; and appropriate blood-making and aperient medicines were prescribed. On her second visit, she expressed herself as much stronger, very little bleeding having taken place during the week. The application of the perchloride was repeated; and I did not see her for the next ten days, in consequence of a severe pain compelling her to remain in bed. The sore was much healthier in appearance; there had been very little bleeding, and the discharge had become scanty and semipurulent in appearance, without any of the old putrid smell. She was, however, very feeble, and made the journey with great difficulty. Instead of placing the cotton-wool soaked in the perchloride over the sore, I elevated her breech, half filled the vagina with the solution for a couple of minutes, then sucked it up with a syringe and left a plug of tow in the vagina, to be removed next day. The improvement was marked on her fourth visit, and on this, her sixth, I found there had been a little bleeding once during the week, whilst forcing away a very costive motion. The ulcer was perceptibly smaller, and free from slough, the circumference of the vagina having contracted considerably around it. A small quantity of oil like pus lay in the vagina; but the examination still caused the ulcer to bleed slightly. The ulcer was again bathed with the strong perchloride, and she returned home expressing herself as twice as strong as when she first called upon me, and very much relieved from the local misery.

Case 11.—Mrs. R., aged 36, an innkeeper, with several children, the last 7 years old, commenced to have menorrhagia, and the ordinary symptoms of cancer of the womb, nearly a year ago. She began to attend my office four months ago, and was found to have a large, soft, bleeding epithelioma, covering the swollen and apparently destroyed vaginal parts of the uterus, and extending along the front wall of the vagina to within an inch and a half of the orifice of the urethra. She came in a cab, and her linen was drenched with blood. She was exceedingly anæmic, with daily hæmorrhage, and was evidently in the last stage of the disease, the sore bleeding on the least examination. A large piece of cotton-wool, soaked in the perchloride, was placed over the diseased part, and the vagina was stuffed with tow. On her second visit a week afterwards, the hæmorrhage had almost ceased; the sanious putrid discharge was much lessened, and, though there was a little change to be seen in the appearance of the sore, the finger felt it to be less fungoid and pultaceous in consistency, and less blood followed the examination. I may here remark that the fungoid sores were so extensive as to make it utterly impossible to use any speculum, and the oiled finger of myself and assistant had to be used to open the vagina and

make the necessary examination and applications. The same examination was made weekly during the nine successive visits, by which time she had regained much of her lost strength, walking a considerable distance to my rooms, and experiencing but little pain or inconvenience, except in passing urine and fæces. The hæmorrhage had ceased after the third application; the foul sanious discharge had given place to a scanty oil-like purulent matter without smell; the fungoid vaginal sore was healed, or rather, converted into a thick nodulated, gristly, cicatricial substance, covered with a thin smooth membrane, whilst the deepest part, that corresponding to the uterus, alone presented a chick-like ulcerated surface. It was difficult to see or reach the deepest part, on account of the remarkable contraction that had taken place in the calibre of the vagina, which, from being very capacious and soft, admitting several fingers, had become changed to a rigid tube, that would scarcely allow more than one finger to pass along the upper part of the canal. At this period, some of the children became ill of fever, and she did not visit me for six weeks, having gone through much fatigue in nursing them. On again examining her this week, on her return, I found she was again suffering from a recurrence of the hæmorrhage, consequent, as she asserted, upon the menstrual flow; and I found also that the disease had again opened out the deepest part of the cicatrix, and formed an irregular foul ulcer nearly the size of a crown-piece. The front piece of the cicatrix remained in much the same condition. I covered the sore with wool soaked in the perchloride, and warned her against such negligent attendance in future.

CASE III.—Mrs. B., aged 46, a stout healthy-looking lady from the country, the mother of several children, called upon me about a year ago, having slight discharge and bleedings in the intervals between the monthly periods, as well as excessive monthly flow. Her other symptoms were so slight, that her husband, who was also a patient, had difficulty in persuading her to see me. The mouth and neck of the uterus were found to be red and raw-looking, bleeding on the slightest touch, also hard and considerably enlarged, and there was an ulcerated crack at the orifice of the organ. She attended my rooms once a week for about two months. Lunar caustic was applied at first; but, as it produced little change, the perchloride was used a few times with such good effect, that, considering herself quite well, she did not return to see me until to-day, when, she tells me, the bleedings have again returned lately, and she feels a heavy uncomfortable weight in the uterine region. On examination, the whole organ is found greatly enlarged and very hard, being evidently infiltrated with scirrhus disease. The old ulcer is again open, bleeds freely on examination, and there is considerable discharge. The perchloride has been applied.

* * * I have always used the strongest pharmacopœial solution undiluted, as I have only used it to secure a caustic action. It causes very little pain. At first, I applied it on a piece of sponge or lint; but finally found cotton-wool to answer best, as it sucks up any quantity that may be required, parts with it easily, and can be moulded into any form, so as to fill a cavity or cover over a growth. It has happened occasionally that I have found the cotton-wool still adherent over the sore a week or more after its application, and, when removed, it has always a black or chocolate-coloured mass, frequently quite solid, from the quantity of blood or albuminous matter absorbed in its meshes and clotted therein; indeed, one patient gravely told me she had passed a solid brown egg a few days after one of her visits. No doubt it was the hardened wool, although she declared she had cleared out the vagina the day after her visit.

I have kept no record of all the cases I have treated with the perchloride; but, as I have generally had six or eight under treatment at one time, I must have used it in twenty or thirty cases; and its beneficial influence has been so marked, that I would strongly recommend its trial in suitable cases.—*British Med. Journal.*

SMALL-POX AND REVACCINATION.

A report of the small pox Hospital, Blackwell's Island, in the *New York Medical Journal*, of February 1875, states that one of the most interesting facts brought out by the hospital cases is, the value of vaccination as a preventive. The vaccination of childhood is of no value, unless repeated at intervals of three years. This is proved by the fact that all, or nearly all, of the cases have good pock-marks; though, at the same time, it is true that the cicatrix does not prove the validity of the vaccination. Again, the fact of having had the disease does not preclude the possibility of again taking it, and should not preclude the necessity of revaccination. It not unfrequently happens that a patient enters who is strongly pitted; and a patient in Jersey City Charity Hospital had the disease three times. The strongest argument in favour of frequent revaccination is that, of all the cases under observation, not one can be found who has been successfully revaccinated within four years; and there are only a few even who were vaccinated four years ago. But while this is considered a rule, it is not without its exception, the case is mentioned of a child who was vaccinated successfully at a dispensary on the east side, and in a year from that time took small-pox. Another interesting fact occasionally noticed in hospital is, that small-pox and cow-pox run their course to-

gether in the same patient, each entirely uninfluenced by the presence of the other.—*Brit. Med. Journal.*

OVARIAN DISEASE: TAPPING: CURE: SUBSEQUENT ACCOUCHMENT.

Mrs. B. consulted me five months after her marriage as to her condition, which, to outward appearance, seemed to be that of a woman far advanced in pregnancy. As she had some doubt on the subject, I proposed seeing her at home for examination. The non-existence of pregnancy was not difficult to diagnose, and, for confirmation of my opinion that the swelling was ovarian, I sent her to Mr. Cadage, who kindly offered, if it met my views, to take her into the hospital. The patient herself was unwilling, and time passed on, till the swelling of the body had increased so much, her general health was so impaired, her emaciation had become so great, and her breathing so distressing, that relief in some way was urgent. Mr. Cadage being absent for a season, Dr. Beverley saw her in consultation with me, and it was determined that tapping should at once be resorted to. The result was the emptying of the cyst of three and a half gallons of a greenish yellow, somewhat glairy fluid. The usual compress with the flannel roller was applied afterwards. She recovered without an untoward symptom, and no reaccumulation of fluid took place. I visited her some months afterwards, and found her so hale and hearty, that I did not recognise her, and she had to assure me of her identity. Four months since, she again consulted me, and this time there was no doubt of her pregnancy. She was delivered of a healthy child on February 2nd, after a natural labour of twelve hours' duration, and, up to the present date (25th), has made a good recovery. The tapping took place July in 1872.—*Dr. Day in the British Med. Journal.*

MILK KEPT BY CHLOROFORM.

That milk can be kept sweet by the addition of a little chloroform is a suggestion for which we have to thank Mr. Barnes, of London. When added in sufficient quantity to fresh milk, the lactic fermentation is prevented. To two eight fluid ounces of fresh milk was added respectively, ten and twenty minims of chloroform; they were kept in a warm place, and occasionally agitated; after five days had elapsed, that containing ten minims had developed lactic acid in quantities sufficient to separate the caseine, whilst that containing twenty remained fresh and good. It might be found con-

venient to preserve milk in this manner, always taking care to boil it just before using, in order to drive off the chloroform.—*The Medical Press and Circular.*

EXTERNAL USE OF TURPENTINE IN THE TREATMENT OF TONSILITIS.—In the *Leavenworth Medical Journal*, Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsilitis. He folds the flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot the size of a silver dollar. The flannel is then applied over the sub-parotid region, and the fomentation continued as long as it can be borne. After removal, a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease the oil of turpentine has almost a specific effect in tonsilitis. That its action is not simply that of an irritant, he has proved by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of the tonsils, while the turpentine succeeded.

SULPHURIC ACID IN THE TREATMENT OF BOILS.—Dr. Madison March, of Fort Hudson, La., says, in the *Medical and Surgical Reporter*, that boils and other analogous affections are treated by him with sulphuric acid, which he regards as almost a specific. He has used the acid with constant success for five-and-twenty years. "As soon as the patient applies for relief," he says, "I put an adult on elixir vitriol, 20 drops three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter or chewing a piece of fat pork, for a sure protection to the teeth. Using the butter for protection, if the teeth are subsequently washed with a solution of soda bicarb, a heaping tea-spoonful to a glass of water. In the use of sulphuric acid in this way, the boil (or crop) then on hand will soon melt away, and there will be but one effort to return before they will finally disappear, no more to reappear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To assist in their local treatment, to effect a speedy cure and afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumour to the extent of the areola, clipping the edges so that it will set smooth; or a little shoemaker's wax spread on a cloth will do just as well. I have made this application to saddle boils, and next day rode in the saddle very comfortably, the boil progressing to maturity with very little pain, and sometimes effecting an abortion at once."

"In this connection I have read in your *Periscope* a very interesting and scientific article on the sulphites of soda, potash and calcium, as an antidote for all these ills of humanity. And now, right here let me suggest, perhaps the chemical play of affinities in nature's chemical laboratory may evolve the sulphites in the same way that chloral amateurs claim that chloral hydrate is metamorphosed in the blood to chloroform."—*New Remedies*.

ON HYDROCELE OF THE NECK.

BY SAMPSON GAMGEE, F.R.S.E., BIRMINGHAM.

In March last year, Mrs. D——, from Wolverhampton, called on me with her youngest child, a healthy-looking boy two years old, who had a tumor on the left side of his neck. The growth was noticed very soon after birth, and had steadily increased to its present size. When the clothes were removed, I found a round smooth mass occupying the whole left side of the neck, and projecting over the clavicle on to the upper part of the pectoral region. Fluctuation and translucency being very distinct, I introduced a trocar at the most dependent part in front, and drew off nearly a pint of pale, straw-colored, and richly albuminous liquid. After closing the aperture with styptic colloid, and applying a cotton-wool compress, I requested to be informed of the progress of the case. I heard nothing of it for eight months. When the child was again brought to me last December, the tumor was larger than when first seen, and the contents, though still liquid, had undergone a bloody change. The mass was no longer translucent, and the skin was uniformly bluish. I introduced two ordinary-sized drainage tubes from back to front, at a distance of a couple of inches, and applied a tenax compress. A considerable quantity of reddish fluid oozed through the tubes, but as days elapsed the mass did not perceptibly lessen, and it became evident that something more must be done to effect a radical cure. Dissection has proved that these congenital cystic growths in the neck are under the fascia; and in the particular case entire removal would only have been possible after a dissection attended with risk. With a view to effect a cure with the utmost safety, I removed the two small drainage-tubes, and while my friend and colleague, Dr. Mackey, administered chloroform, I made an incision on the anterior aspect, a little below the middle line of the tumor, and pushed into its centre an india-rubber drainage-tube, two inches long and a quarter of an inch in diameter; the anterior extremity of the tube projected slightly from the wound, and was kept in position by a loop of thread on each side secured by adhesive plaster. At the end of a week a great

deal of irritation had been set up; the mass was hot and semi-solid; the child was feverish, and the discharge semi-purulent. The tube was now removed, and a linseed poultice applied. Within a week three separate collections of matter were evacuated by the aid of the lancet; fever subsided, a dry pad was applied with daily increasing pressure and the rapid decrease of the enlargement. No trace of it now is perceptible, and the child is perfectly well.—*The Lancet*.

THE COLLEGE OF SURGEONS.

An important meeting of the Council of the College of Surgeons was held last Thursday. A letter from Mr. Hilton, resigning his seat as a Member of the Court of Examiners, was read, and duly accepted.

The provisions of the Enabling Bill were then discussed. The object of this Bill is, we believe, to ask Parliament to enable the College to co-operate with other examining bodies in conducting the examination required for the qualification to register, and to make it lawful for the Council of the College to enact a bye-law that no person shall be admitted as a Fellow or Member, or Licentiate of Midwifery at the College, unless, in addition to the examination required for such diploma, he shall have passed a joint examination for qualification to be registered, and complied with such conditions relating thereto as may be agreed upon between the College and the examining bodies with which it co-operates. Everyone who passes the joint examination will receive from the College letters testimonial to him of his qualification to practice the art and science of surgery, on receiving which he shall be a member of the College subject to existing regulations, provisions, and bye-laws. The Council, however, reserves the power to elect to Fellowship without examination any members who, if the Act had not passed, would be or might be eligible for such election, or any fellows or members or licentiates of the Royal Colleges of Surgeons of Ireland and of Edinburgh and of the Faculty of Physicians of Glasgow, who shall at the time be *bonâ fide* in practice as surgeons in England or Wales.—*The Lancet*.

TREATMENT OF WHOOPING-COUGH.—Wild claims that he can cure every case of whooping-cough within eight days by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a small piece of cloth folded several times, and wet with a teaspoonful of the following solution: Ether, 60 parts; chloroform, 30 parts; turpentine, 1 part.—*Deutsches Archiv. f. Klin. Med. Allg. Wien. Med. Ztg.*, 45, 1874.

RECENT THERAPEUTIC REMEDIES.—Mr. W. Handsel Griffiths (*Medical and Surgical Reporter*), exhibited to the Surgical Society of Ireland a collection of specimens of certain remedies, and described, succinctly, the characters, properties, and uses of each of the drugs exhibited. The specimens shown comprised, 1. *Goa powder*, the Indian remedy for ringworm, recommended by Dr. Fayer. 2. *Cundurango bark*, the vaunted specific for cancer, but which on trial had proved a failure. 3. *Guarana*, obtained from the Brazilian plant, *Paulinia Sorbilis*; so often found useful in sick headache, and also strongly recommended by Mr. E. Rawson, of Carlow, in cases of lumbago and rheumatic affections of muscular and fibrous structures. 4. *Rhamnus frangula*, a decoction of the bark of which was stated to be an agreeable aperient. 5. *Faborandi*, the new sialagogue and diaphoretic. Mr. Griffiths had personally experimented with this drug, taking an infusion made with forty grains of the leaves, and had experienced to a marked degree the diaphoretic effects ascribed to the drug. 6. *Boldo*, lately introduced as a tonic. The leaves of this plant, a native of South America, are studded on their surface with large glands, which furnish the active principle of the drug. 7. *Eucalyptus globulus*, recommended also as a tonic, febrifuge and anti-periodic, the leaves of the plant being the official part.

A SIMPLE METHOD OF REDUCING THE DISLOCATION OF THE FOREARM BACKWARDS.—Dr. Alexander Murray writes to the *New York Med. Record* of July 1, 1874, that he has reduced five cases of the above-mentioned dislocation by the method to be described.

Suppose the dislocated arm to be the left. Dr. Murray takes a position at the outside of the dislocated arm, and places the palm of his right hand to the patient's left, dove-tailing his fingers between each of the patient's. In this way, a firm hold is secured for extension. He then places his elbow as a fulcrum and for counter-extension on the forearm in front and against the lower end of the humerus, and by a steady pressure downward and backward, and at the same time flexing the forearm toward the shoulder, in a few minutes the luxated bones slip into their natural places. Other dislocations of the elbow can be reduced by the same method.

TYPHOID FEVER.—In the *Practitioner* for January Dr. George Johnson says that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required they are often worse than useless. Diarrhoea is a less frequent symptom than before this plan was adopted, and when it does occur it is far more tractable, while tympanitic distension of

the abdomen is a rare event. The mischievous opiate enemata and the torturing turpentine stupes have disappeared together. He believes one of the main reasons why we have less diarrhoea than formerly is, that we carefully abstain from the employment of irritating drugs of all kinds. As a rule, a fever patient at King's has the "yellow mixture," which is simply colored water; and except an occasional dose of chloral to procure sleep and a tonic during convalescence, no active medicines of any kind. These patients are fed mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and wine or brandy in quantities varying according to the urgency of the symptoms of exhaustion, especially in the advanced stages of the disease; but in many of the milder cases, and especially in the case of children, no alcoholic stimulants are required from the beginning to the end of the fever, and when not required they are of course, says Dr. J., best withheld. He gives no irritating drugs of any kind, and has no doubt that the comparative infrequency of severe and obstinate diarrhoea among his enteric fever patients during the last few years, is partly attributable to the discontinuance of mineral acid treatment.—*The Clinic*.

RETROVERSION.—Dr. Averling records in the *Obstetrical Journal* the following anecdote: The postural treatment of retroversion consists in lying or reclining upon the sides, or, still better, upon the face. Prostration also is an admirable attitude. A remarkable anecdote in support of this is told of a lady suffering from retroversion, who made her complaint the subject of prayer, and was surprised to find it answered only whilst she was upon her knees. All pain ceased during the devotional act—that is, when she unconsciously adopted the proper prostural treatment.—*The Doctor*.

OINTMENT FOR SYCOSIS.—Dr. S. Smith, of New London, Ct., sends us the following formula for an ointment, which he has used for several years, with unvarying success, in the cure of this intractable affection:

R. Acid tannic gr xv.
Sulphur..... gr. xij.
Aquæ rosæ..... ʒ ijss.

Apply a quantity the size of a pea to the affected spot every morning and night.

OZÆNA.—At the Detroit Medical Society Dr. Lathrop related a case of ozæna, in which the patient found complete relief in the persistent use of new milk and common salt. About a teaspoonful of salt was dissolved in a pint of milk. The remedy is one that commends itself to notice by its simplicity.

ALOPECIA SUCCESSFULLY TREATED BY LOCAL STIMULANTS.

Case I was that of a married man, aged 54, with a large family of perfectly healthy children. He had always enjoyed good health until about a year previously, when he experienced a sudden and severe nervous shock. Shortly afterwards, he first noticed symptoms of baldness, his hair becoming thinner and falling off, particularly over the head; so much so, that in a few weeks his scalp presented a perfectly white and shiny appearance, with no vestige of hair left, rendering the use of a wig necessary. The disease continued gradually to spread, until the whole of his body was more or less implicated. When he applied to me, he stated that he had been under treatment for some months, but with no benefit; and, to use his own words, "had been discharged as incurable." On making a careful examination of his body, I found a condition of almost general alopecia to exist, the skin having a uniform white, smooth, and shiny appearance. I put him under a strictly nutritious and digestible dietary, and prescribed tonics to improve his general health. Locally to the scalp I painted on some blistered fluid, repeating the application once a fortnight, and ordered the following lotion; carbonate of ammonia one drachm, tincture of capsicum one drachm, rectified spirit one ounce, glycerine one ounce, and rose-water to eight ounces, to be applied freely over the body night and morning. For two months I could distinguish no appreciable improvement in his condition; but after that period, new hair, very silky and quite white, began slowly to grow, and became thicker and stronger until the body and head assumed all the appearance of health, being well covered with hair over the different regions, although the colour, of that hair, originally dark brown, was now permanently quite white. In this condition he was discharged as cured after seven months' treatment. About three months afterwards I met him, and he stated that he had experienced no return of the disease in any way. I may here observe that, in this man's case, there was no history of acquired or congenital syphilis, or, in fact, any apparent cause for the disease beyond the shock he mentioned.

Case II was that of a married woman, aged 32, with five children, who applied to me with alopecia circumscripta of two years' standing. Her husband and children appeared quite healthy, and she stated that she had never known a day's illness, and that the disease seemed in no way to affect her general health. I could obtain no information as to the origin of the disease, and there was no evidence of any constitutional disturbance that could have caused it. The scalp, upon examination, presented a series of white, smooth, ivory-like

patches, bound irregularly by healthy hair. This case was treated upon the same principle as the former, the blistering fluid being applied at intervals of three weeks, although not with the same speedy effect, as, from the soreness of the scalp, the treatment had to be stayed from time to time. The disease also appeared to be more intractable, it being upwards of seventeen months before she was discharged thoroughly recovered.

As to the causes of alopecia, Nayler, in his work upon *Diseases of the Skin*, assumes them to be numerous, particularly in women, viz.: parturition, and some fevers, especially typhoid and scarlet. Also, after any serious affliction it may occur, or after acute rheumatism; but this last cause is more frequent in men. Moreover, it may, in both sexes frequently appear as a result of syphilis, either constitutional or acquired. In his remarks upon treatment, Nayler highly recommends the use of stimulating lotions and blisters, and my own experience of this treatment has proved most successful.—*The Brit. Med. Journal*.

CYANIDES IN RHEUMATISM.—M. Lutton of Rheims (*Bull. Gén de Thérap.*) extols the cyanides in acute articular rheumatism. He has used zinc and potassium cyanides. The first is a white inodorous tasteless powder, insoluble in water, but probably soluble by the gastric juice. M. Lutton administers $1\frac{1}{2}$ grains daily, either in pill or suspended by mucilage. The cyanide of potassium is more active, is administered in maximum doses of from $1\frac{1}{2}$ to $2\frac{1}{2}$ grains, preferably in silvered pills on account of its disagreeable flavor. M. Lutton reports many cases, and affirms that it is certain that cyanides cure acute articular rheumatism in its fundamental form and its diverse transformations. They cure by shortening the duration of the disease in a marked manner, and by diminishing the risks of complications.—*The Clinic*.

FORMULÆ FOR THE TROUBLESOME COUGH OF PHTHISIS:—

R. Potassii bromidi,
Potassæ chloratis,
Ammoniaë muriatis, } aa ʒ iss.
Syrup. tolutani } ʒ iv. M.

Tablespoonful every two or three hours.

R. Tincturæ opii camphorata, ʒ i.;
" belladonnæ, ʒ i.;
" hyoseyami, ʒ ij.;
Spiritus Lavendulæ comp., ʒ i. M.

Ten drops on a lump of loaf sugar every hour until cough is relieved.—*Charity Hospital, New York*.

THE CANADA LANCET.

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

TORONTO, MAY 1, 1875.

HYPODERMIC MEDICATION.

If any instance were required to be cited, to prove that Medicine is a progressive art, commanding the highest order of scientific knowledge, reasoning powers and inventive skill, and requiring the most patient observation and untiring research and experiment, the fact of the great advances conferred by hypodermic medication might be put forward. The history of the discovery of the method of injecting medicines subcutaneously, illustrates patient labour and improvement step by step, rather than a brilliant immediate achievement. Some of the latest applications of the method, however, might serve as admirable illustrations of the brilliant triumphs achieved where the reasoning powers guide the path of discovery and experiment.

A very interesting summary of the history of hypodermic medication appeared in a series of papers lately contributed to the London *Lancet*, by Mr. Cullingworth of Manchester, in which the modes and processes resorted to, before Dr. Alexander Wood made use of what is now known as the hypodermic syringe, are traced in progressive order. The object of nearly all the early investigators, was the relief of neuralgia by the direct application of narcotics to the painful part. Lember and Lesieur in 1824 applied blisters over a neuralgic spot and sprinkled morphia over the surface deprived of its epidermis. In 1836 Lafargue, by means of a lancet puncture, inoculated morphia. Afterwards a grooved needle was used to convey morphia, in suspension; and Langenbeck devised a sort of spoon or scoop partially covered over, wherewith to introduce morphia beneath the skin.

Then Rynd, of Dublin, employed a needle and canula, the needle being withdrawn after making the puncture, and a concentrated solution of morphia poured into a little opening in the side of the canula, and allowed to run down into the tissues. Dr. Wood's crowning discovery was made in 1853, when, having occasion to use one of the little syringes made by Ferguson, for injecting the solution of perchloride of iron into a nævus, it struck him that this was just the instrument wanted for injecting morphia subcutaneously, and he determined to try it in the next case of neuralgia that presented itself. The opportunity soon came, the experiment was a success, and the practice of hypodermic medication thenceforward came to be established. Charles Hunter afterwards proved that the influence of remedies injected subcutaneously is not local, but is exercised throughout the general system, and that consequently the relief will be the same, however far away from the afflicted nerve the narcotic be introduced. This discovery widened the field of hypodermic medication, and led to the use of various agents, as ergot, quinine, etc., for the arrest of hemorrhage and the cure of intermittent fever.

Of the value of ergot as thus employed in arresting hemorrhage, some striking instances have been published. Rapidity of action is one of the merits of the hypodermic method, and in alarming hemorrhages we can by means of injected ergotine save time, as well excel the efficiency of other agents. Ergotine is the name given to a concentrated extract of *secale cornutum*. Hemoptysis, hematuria, and hæmatemesis have been thus controlled through the speedy and special action of ergot on the vasomotor system. The parturient action of ergot may also be obtained by means of hypodermic injection. Dr. Clifford Allbutt has declared that there is a great difference in the effect of morphia given hypodermically and when taken by the mouth, and the same is claimed for ergot. By preference, hypodermics of ergot, have been resorted to for expelling submucous fibroid tumours of the uterus.

The injection of quinine has not as yet come into much favour, and until some further advances are derived from experiments we shall probably go on treating intermittents by the old methods.

Belladonna is injected subcutaneously under the form of atropine and its salts. In the late cholera epidemic in the Mississippi Valley, sulphate of atropine in combination with morphia was injected

hypodermically with beneficial and encouraging results, in alleviating spasms and allaying vomiting and purging. No doubt this plan will be thoroughly tested in succeeding epidemics.

A fresh advance—and one gained by triumphing over certain obstacles—is the injection of mercury for the cure of syphilis. Corrosive sublimate which was first employed to this end, had such an irritant and powerful local action, that it might be concluded that it was unfit for such a purpose. The early experiments in injecting this agent, were attended by the production of abscesses, but the quantity injected was steadily lessened until it has been found that the daily injection of fifteen minims of a solution containing one grain to the ounce—equal to the thirty-second part of a grain—will exercise a constitutional effect and cure syphilis without the production of abscesses. Since it became evident that mercury could be efficiently employed by means of injections, much skill and ingenuity have been exercised in trying to find a mode of introducing larger doses of mercurial preparations with the view of more rapidly curing syphilis, (for the larger the quantity of mercury introduced into the system per diem the more rapid the cure) and at the same time of avoiding irritant effects, and the production of abscesses. Thus it has been found, that the addition of morphia to the solution of perchloride of mercury lessens its irritant action, and enables a larger quantity to be injected without much greater risk of producing abscesses. This is the plan practised by Lewin of Berlin, who injects one-eighth of a grain daily. It has been extensively employed in Berlin, Paris, and Vienna, and is asserted to be the most rapid method of curing syphilis now practised. Experimenters are trying other preparations of mercury. Staub uses the albuminous solution of corrosive sublimate in alkaline chlorides, free from acidity and destitute of the power of coagulating the albumen of the blood. This is asserted to be much less irritant in its local action than the simple solution. In Paris, the double iodide of mercury and sodium has been tried. Mr. Cullingworth, whose papers in the *Lancet* we have already referred to, uses the bichloride of mercury, and finds it more satisfactory than any other salt. Three grains of bichloride are dissolved in an ounce of water containing a little glycerine. Fifteen minims of this solution are injected in the upper arm, or the gluteal region.

There is little or no pain, and the local effects, he says, are "reduced to absolute insignificance."

The general practitioner who employs the hypodermic method, will find the earliest uses of the instrument by far the most common and justifiable. There is no prompter method of administering an anodyne than by the hypodermic syringe. In inveterate neuralgia, in painful nervous dysmenorrhœa, and other allied affections calling for the administration of a narcotic, the hypodermic injection of morphia gives the promptest relief. Although peculiarly applicable in cases of gastric disturbance, it nevertheless is apt to produce nausea when given in a full dose, just as morphia does when given by the mouth. Its calmative effects, however, soon follow. These are so decided as to have overcome the popular prejudices at first roused against the plan.

The acetate of morphia is much to be preferred for hypodermic use, it is more soluble in water than the other preparations, and so enables a more concentrated solution to be made, whereby the time employed in injecting is diminished, and the painful tension of the subcutaneous cellular tissue produced by injecting a large quantity of solution, is avoided. The addition of sulphate of atropine is said to increase the calmative effect of the morphia and at the same time to lessen its constipating property. The following formulæ may be used:—(1) Acetate of morphia, one grain; pure water, six minims. Inject three minims—equal to half a grain. (2) Acetate of morphia, ten grains; sulphate of atropine, one grain; water sixty minims. Inject three minims. More dilute solutions than those may be used without producing much greater pain or inconvenience.

There is evidently a greater field widening, and a brighter future opening up, for hypodermic medication. Its uses are sure to be extended. The study therefore of these advances in medicine is to be commended to every earnest practitioner. It is well to have improvements and advances in medical art; but it is still better to have the advantages arising therefrom widely diffused. The hypodermic syringe ought to be as common in the doctor's armamentarium as the lancet used to be. Unlike the latter the syringe has not gained the opprobrium of being "a tiny means of mighty mischief," but is rather gaining in usefulness, in popularity and approval every day.

TOLERATION.

The members of the Birmingham Medical Institute, have had under discussion the position of the Homœopaths, and the propriety of accepting donations from, or admitting them into the Institute. Contributions for the support of a reference library the (leading objects of the Institute) had been received from many townspeople, both professional and lay, and among others, some professed Homœopaths had contributed largely—and the contributions were accepted. This of course opened the way for their admission. Mr. Baker the chairman of the committee, having the affair chiefly in hand, in moving the adoption of the report, after recapitulating the circumstances which led to the establishment of the institute, and the objects for which it was founded, said that one of the members of the committee incautiously accepted a donation from a homœopath—or rather the donation was announced—and personally he (Mr. Baker) did not know that there was any more sin in accepting a donation from Dr. Blake than from his friend Mr. Chance, who gave £200. The donation involved nothing—it was a free gift. No secret was made of it, and he believed it was a very kind and proper act on the part of Dr. Blake. This, however, gave rise to the thought in his mind—What was to be done with the homœopaths? It was true they followed what he considered to be a phantasm, a sort of fanciful theory, involving a far-fetched definition, which would not bear physiological investigation; but after all the question was this—Were they medical men? In turning over the homœopathic register—for they had one—he found that every man practising homœopathy in this country had his qualifications—and, further, on looking into the Acts which have since become very common property, he found that their corporations were compelled to acknowledge those gentlemen, and that they could not, because they pursued a diverse mode of thought or treatment, divest them of the honors which they had attained, some of them having taken rather high honors in the different Universities. Nevertheless, he felt that while they must admit that those gentlemen were properly, and in some cases highly-qualified medical men, still there could be no unity of discussion between them. But the next thought that occurred to him was this. They were not going to have any

discussion; they were forming a reference library—and hoped to have lectures, and if those gentlemen were disposed to come, let them. He therefore came to the decision that the homœopaths who were qualified—and that simply involved the whole of them—must be received as members of the institute if they applied.

Mr. O. Pemberton after referring to the action he took twenty years ago, when it was wished that a series of experiments should be tried at the General Hospital, said he maintained the sentiments then as he did now, that as long as the homœopaths bore a name which distinguished them from the rest of the profession they had no claim to that professional intercourse which they extended to others. When that distinctive name ceased he should be one of the first to hold out the right hand of professional fellowship to them. What he believed to be the error into which the committee of thirteen gentlemen fell, was in never having called a meeting of the profession, at which the question of the reception of the donations, or the admission of homœopathic practitioners into the institute could be discussed. He complained that the larger voice of the profession had never been asked upon the subject. He had thought it his duty to bring the matter before the profession, and for that purpose he chose their mutual organ, the *Lancet*. He selected that organ because he deemed it more suitable than the public prints. It might suit some to select those vehicles, and it might suit some behind the scenes, to suggest comments in them on letters which had not appeared in their columns, but it did not suit him. He did not consider it the proper vehicle in which to conduct a correspondence of this kind, which had a direct interest for the medical profession only, and should be conducted in their organs. He concluded his remarks by moving the following amendment.

“That this meeting regrets that the original committee of the Birmingham Institute did not call a special meeting of the profession before they accepted donations from professed homœopaths, and thereby permitting a committee only to decide so grave a question.”

This was seconded by Mr. Archer. The next speaker was Dr. Heslop, who said he had changed his convictions materially, within the last 20 years, in regard to gentlemen holding opinions different from his own. He no longer thought it right or

proper to persecute those, who held different views from himself. He sustained the position of the Committee. He acknowledged that he accepted the donation from Dr. Blake, and he glorified in having done so. He laid the blame on Mr. Pemberton, for not having, when the first meeting was called, raised the question of the reception of the homœopaths. He ridiculed the idea of Mr. Pemberton attempting for a moment to close a library against anybody for a difference of opinion. He asked them to consider, whether the present was a moment for them to tell the public of Birmingham that they were all right and sound, and that those gentlemen who differed from them were all wrong and unsound. Was it a moment when they could say that all on one side of a certain line was true and all on the other side was untrue? For any man who knew anything whatever of the present state of therapeutics to dare to say that all was right which they professed, and all was wrong which the homœopaths professed, was an act of audacity which could only be excused by ignorance. The fact that he could not meet a Homœopath in the treatment of a case, was no reason why he should show the smallest intolerance to a man who was as competent as himself; who might turn out in the progress of science to be more true; and whom he knew from personal acquaintance to be as honest. He asked them to add another page to the history of toleration; to add another to the honourable records of that famous town; and he besought them to be true not to the worst, but to the best traditions of their honorable profession. The amendment was then put, and lost by 64 votes against 36, after which the original motion was passed.

In the meantime Dr. Dudgeon, the English translator of Hahnemann's Organon, comes out in a letter to the *Lancet* renouncing the name "Homœopath," and acknowledging that he avails himself of all the resources of therapeutics including homœopathy. If all the so-called homœopathists would follow the example of Dr. Dudgeon, and discontinue the assumption of a name intended to distinguish them from the general body of the profession, the objection to associating with them in societies, and to meeting them in consultation would soon fall to the ground. We are not sorry that this little episode has taken place, as such occurrences do more good in bringing about what is desired, than all the opposition that could be brought to

bear. We have long held the opinion that the more homœopathy is opposed the stronger it will become. Give it a chance, drag it into the light of day; if there is truth in it, it will prevail, but if only a phantasm, it will not stand the test of science.

TEMPERATURE IN DISEASE.

In our last issue we translated passages from a French edition of Wunderlich illustrating the important results that may be arrived at by continuous daily observations in reference to temperature in disease; in the present, we give translations of passages bearing on this point. Wunderlich in his preface to the second edition of his work says, "A knowledge of the modification of temperature in disease is not only useful, but even indispensable to the physician. In effect, 1. Every morbid phenomenon requires to be known, and observed. 2. The temperature of the human body may be appreciated with precision. 3. It can neither be simulated, nor concealed. 4. Every rapid change of temperature gives instant reason for believing in the existence of a derangement or morbid change of some nature. 5. A certain degree of elevation of temperature is an indication of the febrile state. 6. The thermic increase is often proportionate to the degree and gravity of the disease. 7. Thermometric observation subserves to the discovery and learning of the laws which govern the evolution of certain morbid forms. 8. In establishing the regular and normal progress of certain of these morbid forms, thermometry facilitates or sustains diagnosis in giving more precision and certainty. 9. Thermoscopic examination indicates with as much promptitude as precision, the changes which occur in the regular march of the disease. 10. The characteristics of temperature in the course of a disease make known exacerbations or amendments. 11. Thermometry may thus control therapeutic results. 12. It is susceptible of calling attention to noxious influences which may have acted upon patients in the course of their ailments. 13. It marks the transition from one morbid stage to another and notably in the period of diminution. 14. It enables us to recognize the moment when a cure is imminent and when it is accomplished. 15. It discovers the troubles of an irregular and imperfect convalescence. 16. It reveals also the

tendency of the disease towards a fatal issue. 17. It announces often with extreme precision the moment when all chance of restored health is lost, it points out in a word a fatal prognosis." From the second chapter "on the end and practical utility of Medical Thermometry" we make the following translation:—"It is with reason that modern medicine attaches the greatest importance to objective phenomena, and in particular to physical signs. Now the temperature of a patient is a part of the physical and objective signs of the disease. Thermometry is associated in the same order of diagnostic means as percussion, auscultation, etc., and consequently all the advantages attributed to these valuable methods of investigation are equally applicable to it. But thermometry surpasses even these methods in that it furnishes signs that may be called ponderable; that may be expressed and valued in figures, and consequently an indisputable diagnostic element, independent of the observer as well as of the exercise and delicacy of his senses, and which possesses a mathematical exactitude. Of all the morbid phenomena of which the human body can be the seat there are few which can resist so sure and true an examination.

The results obtained by the thermometer, have yet another advantage over those that the other methods of exploration furnish. Whilst these reveal to us only local modifications fixed and invariable, or scarcely susceptible of slow modification, the mensuration of temperature permits us to establish ephemeral and changeable conditions of which the normal oscillations are, it is true, trifling, but which, in disease presents departures and variations relatively enormous, indications of serious perturbations in the organism. Temperature then is a kind of graduated ladder not only reliable but sensible, serving to measure the intensity of morbid processes, which as yet have manifested themselves by no symptom, or at least reveal themselves only tardily and obscurely.

Besides these great advantages, thermometry possesses yet another which permits it to hold a special place in the physical means of observation. These in effect, apply only to the research of local lesion, whilst thermometry completes these insufficient indications in appreciating the recuperative phenomenon of the general state of the organism. Thus, thanks to the numerous materials furnished by an exact mensuration, thermometry

opens to physicians a way, new and inaccessible to every other method of investigation, that is to say the pathological study of life.

HIGH TEMPERATURE.—Mr. Teale, of Scarborough England (*Lancet*), reports a case in which the heat of the body reached the unprecedented temperature of 122°F. It was the case of a young lady who had been thrown from a horse and had two of her ribs fractured, and some injury to the spine. The ribs soon united, but in a short time afterwards, inflammation of the spinal membranes manifested itself, and the temperature began to rise and in a few days marked 106°F., a few days later 110°, and from that up to 122°. The pulse was about 120. Several different thermometers were used, and one which measured 122° was specially provided; the temperature was taken both in the axilla and rectum. Ice to the spine and mercurial inunction were the chief remedies resorted to. The records were made in the most careful manner, and every effort put forth to prevent the possibility of error. From the above it would appear that the thermal limits of vitality of the tissues are liable to greater variation under certain circumstances than is generally supposed to be possible.

HARVARD STILL TO THE FRONT.—It will be observed by reference to our advertising columns that the Medical Department of Harvard University has taken another step forward. She has established an examination for admission, and on and after the year 1877 no student of medicine will be admitted to the classes without passing it, except holders of degrees in arts or sciences. The school has attained such a degree of success that she can safely venture on this important reform in medical education.

LIBEL SUIT.—Messrs. Cameron & McMichael of this city, have been instructed to take proceedings against us for libel, in publishing a letter in our last issue from Dr. Lavell charging one Mr. Franks with forgery. The solicitors for the plaintiff have shown us Mr. Franks' memorandum book in which are written the signature of Dr. Lavell and those of several other medical men of Kingston, Ottawa, &c., all of which appear to

us to be genuine. The signatures are without date, the book has an ancient look about it. It is quite likely that these signatures were obtained many years ago. Dr. Lavell may have forgotten the circumstance, Mr. Franks however had no authority to use Dr. Lavell's official signature as President of the College of Physicians and Surgeons of Ontario.

ACTION FOR MANSLAUGHTER.—A surgeon named Peacock of Nuneaton, a suburb of London, (*Lancet*) has been lately convicted and sentenced to six months imprisonment for having cut away 15 feet of intestine that protruded through a rent in the vagina, which occurred during the accouchment of his patient. The case was tried before Chief Justice Coleridge, and excited great interest. The Dr. was called to see the patient in her eleventh confinement at half-past ten p.m., the forceps were used and the child was born about 12 o'clock. After the birth of the child the Dr. cut away something with a pair of scissors which the patient said gave her great pain. He then left, saying she could not live. The woman died three quarters of an hour after he left, and the substance removed turned out to be 15 feet of intestine. The prosecution did not allege that violence was done by the forceps, but supposing spontaneous rupture to have occurred, it was contended that the surgeon, mistaking the intestine for the cord, used great force in pulling upon it and then cut it away, and that such treatment showed gross ignorance. It was contended in defence, that rupture might occur spontaneously, and both Dr. Barnes and Dr. Clay testified that the removal of the intestine would diminish shock and prolong life, although they condemned the rashness of the act. The Doctor bears a good character as a pupil and practitioner, and how he could have made such a fatal mistake it is difficult to understand. The worst construction that can be put upon the case is, that it was an error in judgment, and punishment, however severe, can never prevent errors in judgment in positions of great difficulty. We observe that measures are about to be taken with a view to obtain a remission of the sentence.

MEDICAL ELECTIONS.—In about another month the election of representatives to the Ontario Medical Council will take place. In some consti-

tuencies candidates are already in the field, while in others nothing has been apparently done as yet. We would again press upon our friends the importance of attending to these matters without delay. We publish in another column the address of Dr. Allison of Bomanville to the medical electors of King's and Queen's Division. He is a strong candidate, and if elected will make an able representative. We have not yet heard of any opposition to his candidature. Dr. Coburn of Oshawa, the late representative has retired in his favour.

CINCHO-QUININE.—Cincho-Quinine is one of the most valuable additions which has been made to the materia medica during the past ten years. It was placed in the hands of physicians in 1869, and thousands of practitioners in all parts of the continent have used it extensively, and the testimony in its favor is decided and unequivocal.

It contains all the important alkaloidal principles of bark, cinchonine, cinchonidine, quinine, quinidine; the latter 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.

This agent is fast displacing quinine, as 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. 2nd. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive woman or child. 3rd. 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.

A statement was made before the American Pharmaceutical Association at Louisville, Ky., in August last, by Mr. Ebert, Druggist of Chicago, in which he denied that the agent Cincho-Quinine contained either quinine, quinidine, or cinchonidine. The manufacturers, Messrs Billings, Clapp & Co., in order to vindicate themselves have had several specimens analysed by some of the most

eminent chemists in the United States, the report of which will be found in a card published in another column, from which it will appear that the statement was without foundation in fact.

RESIGNATION OF DR. WORKMAN.—The vacancy caused by the resignation of Dr. Workman in the Lunatic Asylum, Toronto, is shortly to be filled. There are, we understand, quite a number of applicants for the position, although the names of only two or three have reached us at the time of writing. It will be found no easy matter, we apprehend, to secure the service of one who will be able to discharge the duties of this important office so ably and with such general satisfaction as did Dr. Workman. We feel quite certain, however, that the Government will endeavour, as far as possible to secure the best man available without reference to political or personal considerations. Among the names of candidates mentioned is that of Dr. Wallace of Spencerville, and we know of no better man for the position. He has had considerable experience in the old country asylums before coming to Canada, and if appointed he will, we have no doubt, discharge the duties required of him in the most satisfactory manner. He is long and favorably known to the profession in the eastern part of the Province, as a careful and successful practitioner, and an intelligent and reliable man. We trust his friends will urge his claims upon the attention of the Government.

SENTENCE OF DEATH.—Mr. Greaves, the seducer of a young lady in Brockville, Ont., and Dr. Eric B. Sparham, who, at the instance of the former, produced an abortion causing her death, have both been convicted, and sentenced to be hanged on the 23rd of June. It is not likely that the sentence will be carried out; but it will have a wholesome effect, by showing such miscreants the punishment they and others like them may expect, when they enter upon such a wicked course. We are pleased to observe that public sentiment is growing more and more decided in its condemnation of the crimes of seduction and abortion.

DR. ARNOLD AGAIN.—Dr. Arnold the notorious quack who had the benefit of a free advertisement in our columns a short time ago, has been getting into trouble with a patient in St. John, N.B. The particulars have not reached us yet.

TRINITY COLLEGE MEDICAL DEPARTMENT.—We publish herewith a list of the gentlemen who have passed their primary and final examinations in this University. The following is the list of gentlemen who have taken Degrees:—

M.B.—J. S. Atkinson, G. Baptie, J. C. Boulee, A. Bray, G. H. Burnham, A. B. Cook, J. R. Clark, E. J. Freel, T. Hobley, W. Kennedy, A. Leitch, A. Lynd, J. C. Mitchell, C. McLarty, W. Minaker, D. Nunan, N. A. Powell, E. W. Rae, G. S. Ryerson, G. P. Sylvester, M. D. Stark, A. J. Sinclair, J. D. Wilson, J. Wishart.

M.D.—T. W. Read, A. L. McLaren. University, Gold Medal.—C. McLarty. University Silver Medal.—N. A. Powell. Medical Faculty Gold Medal.—G. P. Sylvester. Medical Faculty Silver Medal.—M. D. Stark.

The following gentlemen have passed their primary examination:—

W. A. Adams, W. J. Burns, T. B. Cosford, P. W. S. Canning, M. L. Davis, W. J. Douglass, W. C. Freeman, J. Fulton, W. W. Geikie, T. Heartwell, S. McArton, R. J. McKinnon, A. McCurdy, A. R. Pingle, J. Stalker, W. F. Strangway, W. T. Stuart, J. P. Sivewright, J. W. Smith, A. B. Taylor, L. Teskey.

Certificates of honour in the final branches—A. J. Sinclair, A. Leitch, J. C. Mitchell.

Certificates of honour in the primary branches—W. J. Douglass, J. Fulton, E. J. Freel, S. McArton, C. W. Stuart, J. P. Sivewright, J. Stalker.

First year's scholarship—Mr. — Bonnar. Second year's scholarship—Mr. W. T. Stuart.

Mr. McArton secures the recommendation of the Medical Faculty to the trustees of the Toronto General Hospital for appointment as one of the resident hospital assistants for a year.

VICTORIA MEDICAL SCHOOL.—The late faculty of the above school have awarded the following honours to their students examined by them as associate examiners in the late examination held in Trinity Medical School:—In Degree Examination—Gold Medalists—Messrs. Minaker and Cook; equal. Honor Certificate—Mr. T. Hobley. 2nd year Scholarship—Messrs. Strangway and Burns; equal. 1st. year Scholarship—Mr. Jamieson.

APPOINTMENTS.—Hugh E. Winters, Esq., M.D., of Dresden, Associate Coroner for the County of Kent. Forest Bell, Esq., M.D., of Amherstburg, Associate Coroner for the county of Essex. Edwin Penrose Irwin, Esq., of Newmarket, Associate Coroner for the county of York. Robert William Bell, Esq., M.D., of Carleton Place, Associate Coroner for the county of Lanark. James Alexander Sivewright, Esq., M.D., of Chatham, Associate Coroner for the county of Kent. Arthur Jukes Johnston, Esq., M.D., of Yorkville, Associate Coroner for the County of York.

HONORS TO CANADIAN STUDENTS.—We are pleased to announce that Drs. D. B. Fraser and W. H. Moorehouse, graduates of Trinity Medical College, Toronto, have successfully passed the examination before the Royal College of Physicians and Surgeons, Edinburgh, and have been admitted to membership in that body. In the examination for the double qualification which they passed, more than half of those who presented themselves were rejected.

We are also pleased to state that the prizes offered by Prof. A. B. Mott of Bellevue Medical College, New York, of \$50 and \$25 each, for the best reports of his clinique, were obtained by Dr. A. J. Reynolds of the Toronto School of Medicine, and Dr. N. A. Powell of Trinity Medical College, and were equally divided between them, their reports being considered by Dr. Mott of equal merit.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of the American Medical Association is to be held in Louisville, Ky., on the 4th inst. Invitations have been extended to many members of the profession in Canada, and it is to be hoped that as many as possible will endeavour to accept. We are informed that Dr. Botsford of St. John, N.B., President of the Canadian Medical Association, will attend as its representative.

COLLEGE OF PHYSICIANS & SURGEONS ONTARIO, PROFESSIONAL EXAMINATION.—One hundred and twenty candidates entered their names for examination. Fifty eight passed the final examination and obtained the licence to practise. Among the number is Mrs. J. K. Trout of Toronto; she is the first lady who has obtained the licence to practise Medicine in all the branches, in Ontario.

The following is a list of those who passed their final examination—J. R. Anderson, J. S. Atkinson, J. H. Bennett, J. R. Bratton, W. Britton, G. H. Burnham, J. W. Byam, K. H. L. Cameron, A. B. Carscallen, D. Cassels, J. H. Cotton, A. B. Cook, T. Covernton, A. B. Deynard, W. E. Dingman, J. Dorland, D. H. Dowsley, J. E. Eakins, E. J. Freel, A. Gabourey, T. Hobley, T. G. Holmes, J. L. Hopkins, J. Hunter, G. W. Jackes, W. H. Johnston, W. Kennedy, J. Lane, A. Leitch, R. B. Lesslie, J. Mattice, W. Minaker, J. C. Mitchell, S. S. Murray, J. McAlpine, J. O. McGregor, C. McLarty, A. McPhedran, T. Norton, D. Nunan, E. O'Neil, H. Park, S. Potter, N. A. Powell, R. F. Preston, J. Renwick, S. Richardson, W. D. Ross, A. Sanderson, A. Sinclair, G. R. Sylvester, R. J. Trimble, Mrs. J.

K. Trout, L. Tuttle, J. White, J. D. Wilson, J. Wishart.

The following are the names of those who passed their primary examination—W. A. Adams, J. C. Birdsell, A. C. Bowerman, W. J. Burns, G. H. Case, W. Claxton, W. J. Douglas, D. M. Fisher, W. C. Freeman, J. Fulton, W. W. Geikie, T. M. Gilbert, J. L. Gracey, T. C. Greer, G. Gordon, T. Heartwell, M. S. Jackson, E. Jessop, H. J. Lackner, J. B. Murphy, S. McArton, G. McRae, A. McCurdy, G. R. McDonagh, H. A. McIlmoyle, R. McKinnon, A. S. Ogg, A. R. Pingle, T. Potter, N. D. Richards, G. S. Ryerson, L. Secord, J. P. Sivewright, J. W. Smith, F. S. Snider, J. Stalker, C. L. Stevenson, O. Stevenson, W. F. Strangway, W. T. Stuart, A. B. Taylor, R. S. Tyrrell, L. Teskey, J. McG. Yourex.

MATRICULATION EXAMINATION.—The following gentlemen passed the Matriculation examination of the Council in April—S. McIlvaine, J. M. Forbes, John D. Bonnar, J. Algie, C. Sheard, R. Henwood, J. W. Sharpe, J. S. Hughes, J. McCrimmon.

PERSONAL.—Dr. Grant, of Ottawa, will accompany his Excellency Lord Dufferin as family physician during his visit to Europe.

Hon. Dr. Tupper, C.B., is about to remove to Ottawa to practise his profession.

Dr. Frank H. Hamilton has resigned the chair of Surgery in Bellevue Hospital Medical College, New York.

Births, Marriages and Deaths.

On the 14th ult., at the Manse, Birkhall, Co. Lambton, the wife of Hugh Ross M. D. of a daughter.

In this city, at the residence of the bride's mother, on Thursday, 15th ult., by the Rev. Mr. Kennedy, Dr. T. J. W. Burgess to Jessie, second daughter of the late Colonel Macpherson, of Whitby.

At Quebec on the 2nd ult., Dr. Wherry, from the effects of an over dose of chloroform.

On the 19th ult., Jane Somerville, the wife of Dr. Agnew, Toronto.

On the 7th ult., at Dickinson's Landing, Ont., of cancer, William H. Wagner, M.D., aged 61 years.

On the 21st ult., Susan Gertrude, beloved wife of Dr. W. E. Ledyard, aged 23 years.

* * The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps, with the communication.

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

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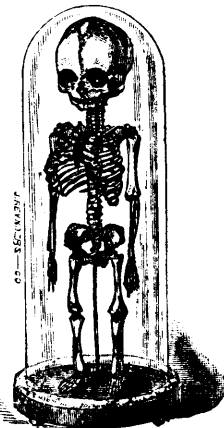
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Prof. of Obstetrics, and Diseases of Women and Children.
- W. B. BEAUMONT, M.D.**; F.R.C.S., Eng.; Consulting Surgeon Toronto General Hospital.
Emeritus Prof. of Surgery.
- NORMAN BETHUNE, B.A., M.D.**, Edin.; M.k.C.S., Eng.; F.R.C.S., Edin.; F.O.S., Lond.; Consulting Physician Toronto General Hospital, and Burnside Lying-in-Hospital.—24 Gerrard-st. East.
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.—Cor. Gould and Yonge-sts.
Prof. of Principles and Practice of Medicine.
- J. FULTON, M.D.**; M.R.C.S., Eng.; L.R.C.P., Lond.—334 Yonge-st. Physician to the Hospital for Incurables.
Prof. of Physiology and Sanitary Science.
- W. COVERNTON, M.D.**; M.R.C.S., Eng.
Prof. of Pathology and Medical Diagnosis.
- J. E. KENNEDY, A.B., M.D.**; F.O.S. Lond.
Prof. of Materia Medica and Therapeutics.
- J. ALGERNON TEMPLE, M.D.**; M.R.C.S., Eng.; F.O.S., Lond.; Attending Physician Burnside Lying-in-Hospital.—144 Bay-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.
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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
Microscopy.
- C. W. R. BIGGAR, M.A.**—Botany.

The Session will commence on FRIDAY, the 1st of October, 1875, 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.

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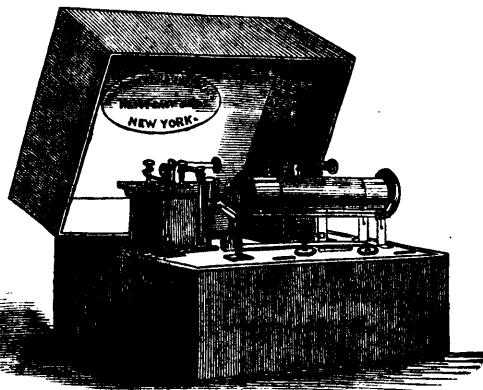
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Prof. B. Howard Rand, M.D.

CANADA.

Dr. Theo. Mack, M.D., St. Catharines.
Dr. Fife Fowler, M.D., King's
Dr. John R. Dickson, M.D., Kingston.
Dr. B. H. Lemon, M.D., Thorold.
Drs. Orton & Alexander, M.D., Fergus.
Dr. A. Wolverton, M.D., Hamilton.
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Ninety-Second Annual Announcement, 1875-76.

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 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., Assistant 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.
 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:

FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, JR., M.D., on Syphilis.
 GEORGE H. F. MARKOE, Instructor in *Materia Medica*.
 WILLIAM L. RICHARDSON, Instructor in Obstetrics.
 J. ORNE GREEN, M.D., and CLARENCE J. BLAKE, M.D., on Otology.
 JAMES R. CHADWICK, M.D., on Diseases of Women. CHARLES P. PUTNAM, M.D., on Diseases of Children.
 CHARLES P. PUTNAM, M.D., Lecturer on Diseases of Children.
 JAMES J. PUTNAM, M.D., on Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 30, 1875, and ends on the last Wednesday in June, 1876; it is divided into two equal terms, with a recess of one week between them. Either of these two terms 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, Theory and Practice of Medicine, 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.

“ “ second year—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, Psychological 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 recitations 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.

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

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Ammon. Carb.	0 22			" Arsenic	0 17		" Potass. Tart.	"	0 38			
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" Sulph.	0 28			" Bismuth	0 45		" Ammon. Co.	"	0 24			
" Co.	0 08			" Donovan	0 28		Syr. Aurant.	"	0 20			
Antim. Pot. Tart.	1 30			" Opil Sed.	1 60		" Codeia	"	0 90			
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Cinchon. Sul.	0 13			Opium	0 85	oz.	" Arnica	"	0 24			
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Emp. Lytta	0 20			Pil. Aloes	0 30	gross.	" Camph. Co.	"	0 20			
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" Colocynt. Co.	0 05			" Myr.	0 38		" Catechu	"	0 20			
" Gentian	0 20			" Assafœtid.	0 30		" Cinchon Co.	"	0 24			
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" Nucis Vom.	0 07			" Subchlor. Co.	0 30	gross.	" Ergot.	"	0 30			
" Taraxacum	0 50			" Rhei. Co.	0 35		" Ferri Perchlor.	"	0 18			
Fol. Buchu	0 30			" Podophyllin, Co.	0 40		" Gentian Co.	"	0 20			
" Senna	0 90			Plumbi Acet.	0 25	lb.	" Hyosciam	"	0 20			
Gum, Aloes Soc.	1 10			" Bicarb.	0 60		" Iodine	"	0 75			
" Acacia, pulv.	0 60			" Bromid.	1 00		" Nucis Vom.	"	0 24			
Glycyrrhiz. pure	0 30			" Iodid.	6 00		" Opil	"	0 68			
Ferri, Am. Cit.	0 12			Pulv. Creta Co.	0 75		" Rhei Co.	"	0 30			
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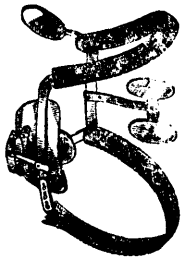
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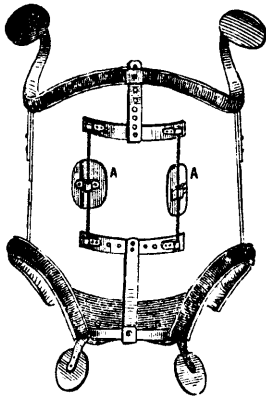
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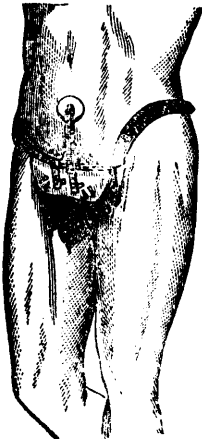
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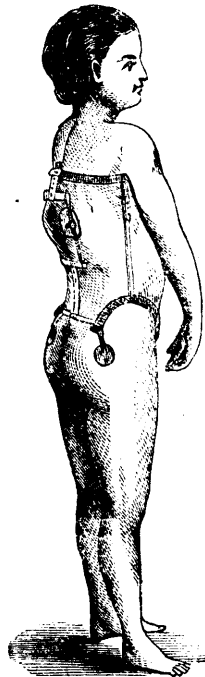
Fig. No. 12.



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 protrusions. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

SPINAL PROP APPLIED.

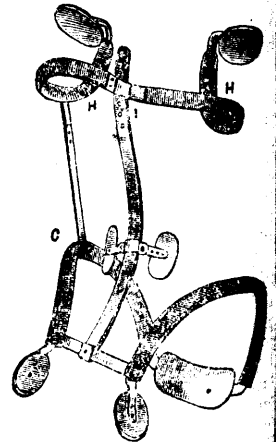


How to measure for any of these appliances.
1st Around the body, two inches below the tips of hip bones.
2d Around the chest, close under the arms.

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.

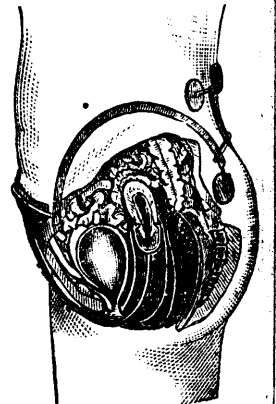
Fig. No. 14.

Improved Centrifugal 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. 7.



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