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THE CANADA LANCET.

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

Vol. 8 }
No. 3. }

TORONTO, NOVEMBER 1, 1875.

{ Price 30 Cents.
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CINCHO-QUININE.

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

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"
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LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

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

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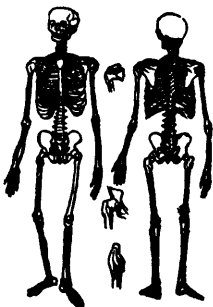
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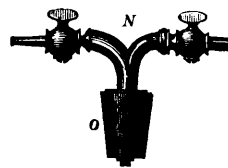
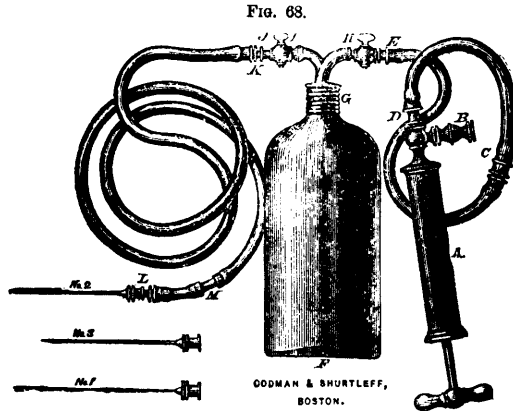


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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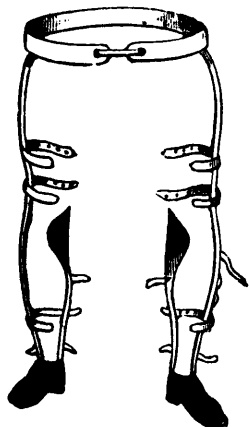
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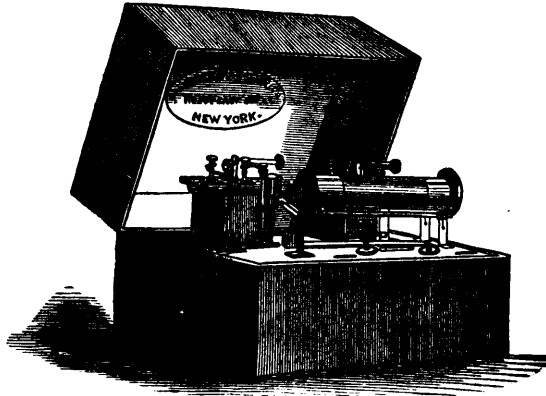
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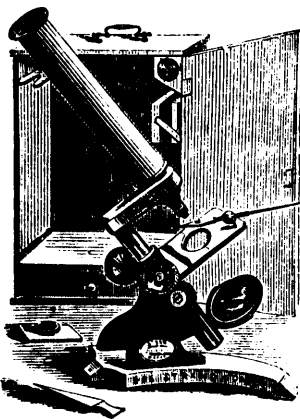
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CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.

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" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

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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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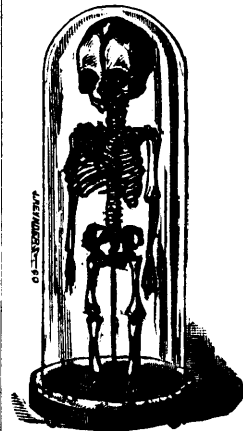
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Is published every Saturday in pamphlet form, neatly bound and cut. It contains twenty to twenty-four large, double-columned pages of reading matter, printed on fine paper, in clear and new type.

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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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Original Communications.

CASES IN SURGERY.

BY J. L. MCDIARMID, M.B., BRYANSTON, ONT.

CASE I.—On 28th of last August, was sent for to see Thomas —, æt. 7 years, who had received an injury of the arm. On my arrival I found the patient lying upon a couch, the forearm lying at nearly a right angle with the arm, and in a semi-prone position. Having learned the history of the case, which was, that he fell from a fence and struck on his elbow, I proceeded carefully to examine the limb, and soon satisfied myself that I had here a case of separation of the lower epiphysis of the humerus, with an oblique fracture of the lower end of the shaft of the same: the line of direction of the fracture being from within upwards and outwards. The tendency of the fracture was a backward and outward displacement. As to the treatment, authors usually recommend lateral angular splints, but in this case I thought a posterior splint preferable. In the meantime I adjusted the fracture, and bound the limb up with a roller, using an anterior and posterior splint, made of leather, to give support to the limb, suspending the forearm in a sling at about 10 degrees more than a right angle with the arm. I allowed it to remain as first put up for three or four days, and then undressed it and applied a splint that I had made for the purpose. This splint was made of leather, so as to resemble somewhat the elbow of a stovepipe divided horizontally; the upper and lower ends respectively, extended to the shoulder and wrist, the splint being made at an angle about 10 degrees greater than a right angle. This splint being nicely padded with cotton batting, was applied with a roller extending from the palm of the hand to the shoulder, and the arm placed in

the sling as before. At the end of eight days from the receipt of the injury I again undressed the arm and employed passive motion, supporting the fracture with one hand. I kept up this passive motion every two days, until about 25 days after the accident, when I took off the splint and allowed the arm to hang loose by his side, thinking thereby to get better motion in the joint. When the splint was removed the forearm could be bent to a little less than a right angle with the arm, and extended so that the hand was within three inches of being in line with the long axis of the humerus. I saw the patient about a week after this and motion in the joint was improving, and I have no doubt will be perfect in the course of a few weeks. I attribute success in this case, to the careful and persistent employment of passive motion.

CASE II.—DISLOCATION OF THE FEMUR ON THE DORSUM ILII—REDUCTION BY MANIPULATION.

Was sent for, Sept. 25th, to see Alex.—, æt. 11 years, who had received an injury by being thrown from a horse. I found the patient's left thigh presenting the usual symptoms of dislocation of the femur on the dorsum of the ilium. Having made my diagnosis, the next point was the reduction, and how it was to be effected. I was some three miles distant from my office, and had neither chloroform nor pulleys with me; however, I determined to try manipulation. I placed the patient on a doubled quilt upon the floor, and directed a young man who was present to fix the pelvis by placing one hand on either ilium. I then stood or rather kneeled upon the right side of the patient's legs, and seizing the ankle of the injured limb with my right hand, and the knee with my left, flexed the leg upon the thigh and the thigh upon the pelvis, slightly adducting it at the same time. I continued the flexion somewhat past a right angle with the body, and then began the movement of circumduction, being guided in all my movements, (as Hamilton directs) by the natural tendency of the limb. I continued circumduction outwards until a line perpendicular with the inner side of the knee would fall without the body, at the same time keeping the foot abducted a little beyond the knee in order to raise the head of the bone over the edge of the acetabulum. Having arrived at this point I began ex-

tending the thigh on the pelvis until it had passed a right angle some 10 or 15 degrees. I repeated this movement three times, the third being crowned with success, the limb returning to its socket with an audible snap. I directed quiet, but on the fourth day the patient was up and moving about on the limb, and at the end of two weeks could get about without any difficulty. In this case, although no chloroform was used, the reduction was effected easily, and the patient was comfortable in half an hour afterwards, being almost entirely free from pain.

TWO CASES OF EMPYEMA.

BY E. HORNIBROOK, M.D., MITCHELL.

CASE I.—Was called to W. O., in July 1869, who had been suffering from pleuritis for four or five weeks. Found the left side distended with fluid, the heart driven to the right side of the sternum, great dyspnoea, and intense pain over the whole of the left side.

An opening was made with a large trocar, between the fifth and sixth ribs, and six pints of offensive pus removed. On removing the dressing the next day, five pints of pus escaped, and from that date till the 8th of January, 1870, about two pints every twenty-four hours were discharged, in spite of daily washings with solutions of carbolic acid, nitrate of silver, and very dilute nitric acid.

The patient would not take chloroform, and could not be induced to allow a drainage tube to be introduced.

After cleansing the cavity thoroughly by injecting and withdrawing warm water, I introduced an ounce of tincture of iodine, and as no pain was complained of, I allowed it to remain.

The next day there was slight irritative fever, marked tenderness in the intercostal spaces, and the smell of iodine from the breath and urine was perceptible.

From this date there was no discharge of pus, the external opening healed in three weeks, and health and strength were rapidly recovered. He was able to do the ordinary work on the farm the next spring, and has remained in good health ever since.

CASE II.—Catherine R., æt. 9; first seen June 21st, 1875; cough; dyspnoea; great emaciation; pain

in the side, which is said to have lasted seven weeks. Left side distended with fluid; heart at right side of sternum.

Administered chloroform, and removed with aspirator 25 ounces of inoffensive pus. Before removing the needle, I injected through it 30 minims of compound tincture of iodine, in two drachms of water.

June 24th.—Appetite and strength improved; pain less; has slept well; cough better. Gave chloroform, and again removed about the same quantity of pus, and the iodine which I supposed I had with me, having been left at home, I injected five minims of carbolic acid in two drachms of water.

July 12th.—Patient improved every way, but finding considerable dulness over the left side I again administered chloroform, and removed two ounces of pus, iodine was again injected, 30 minims to two drachms of water.

July 26.—Patient is in good health and spirits; cough entirely gone, appetite good. To be brought back if any cough or symptoms of ill health show themselves. I have not seen her since, and therefore conclude, that the recovery was permanent.

Correspondence.

FOOD FOR THE DIABETIC.

To the Editor of the CANADA LANCET.

SIR,—The successful treatment of this disease is often impeded by want of a suitable diet, in default of which the patient frequently resorts, in his craving, to prohibited food. Diabetes, itself a dyspepsia, is often aggravated by a pure diet of animal food, the diseased stomach being incapable of assimilating it into blood-making material. A substitute for the staff of life is eagerly demanded by the patient, and equally desired by the physician. The nearest approach to this, without its objectionable qualities, (starch and a ferment) is Macaroni, made of the finest Neapolitan wheat, which contains a large percentage of gluten which is retained and the starch rejected. Vermicelli also is a great addition to soups for the sick, and affords an agreeable and wholesome article of diet. A dish fit for a diabetic patient may be made by boiling the macaroni in milk, then baking it in a custard, with alternate layers of grated cheese, flavoured with pepper and salt, no sugar being allowed.

Yours, &c.,

HENRY B. EVANS.

Kingston, Oct. 12th, 1875.

To the Editor of the CANADA LANCET.

SIR,—Could you enlighten the public as to what the genuine views and requirements of the Editor of the *Globe*, on the subject of medical and surgical qualifications, really are? or has he any defined views on that subject? I have been amused by reading the controversy on medical matters in that, otherwise, good paper; but really, correspondents who send it sensible letters, containing unanswerable arguments on medical subjects will, I think, soon repent that they have troubled themselves in the matter. Reasonable and logical letters are replied to in the editorial columns, but in what a style! Talk of special pleadings, or of the arguments of a “common scold! (*communis rixatrix*, as the lawyers have it). Why, the *Globe* is “a caution” to all who attempt such styles of advocacy. It reminds one of the pugnacious Hibernian, who, on arriving on the shores of the Western Continent, and perceiving a fight, rushed at once into the contest, exclaiming, “I’m agin the Government anyhow!” It also suggests the usages of the *rixatrix*, who will always have the last word in the quarrel, whether that be a wise word or not.

In those editorial replies, there is little or no fair argument. Some unguarded expression of a correspondent is picked out and made the text for a sarcastic and inconsistent diatribe; and there is no use in replying; for prejudice, pride, or want of information on scientific subjects leave the remonstrant no chance. The broad, true, and self-evident principle that men authorized to perform serious, important and difficult duties, to which great responsibilities are attached, should be trained and tested before the necessary authority is granted them, appears to be wholly ignored. I certainly should not, in consideration of nationality and early associations, expect that either the proprietor, or editor-in-chief of the *Globe*, who are, I understand, Scotchmen, should present so hostile a front to the principle which involves the necessity of having our medical men thoroughly trained both in mind and body for their duties, and having them protected in the lawful prosecution of their calling, as Scotland has ever been a very uncongenial soil for the growth of any species of quackery or medical pretence.

On the 7th of October last, the *Globe* published

an editorial, the caption of which was “Spiritualism and Business.” It related to the case of a Captain Ward, of the United States; a wealthy man, who had given himself up to the delusions of Spiritualism, and who had made a practice of consulting, as he imagined, the spirits of the dead, through the intervention of mediums, on the subject of his commercial speculations. On perusing the subjoined passage contained in the article in question, I began to feel a little hope that the editor was coming to his right mind concerning the tricks of mercenary deceivers:—“That a man possessed of such undoubted capacity for business and of so much shrewd common sense as all this implies, should have surrendered himself captive to a set of wretched impostors, is one of the most singular instances that have ever occurred, of great strength coupled with extraordinary weakness. The explanation given—and it is probably correct—is, that insanity is hereditary in the family to which he belonged, and that during the latter part of his career he was at least partially deranged. No other supposition will suffice to account for the acts of his later years.”

“A SET OF WRETCHED IMPOSTORS!” Good gracious! Things are coming right at last. The editor had lately published a letter in his paper, and commented favorably upon it, in which it was recorded that some man, endowed with a supernatural gift, had cured a case of rheumatism, or sciatica, or paralysis, or something of that kind, by merely pawing over the patient. Surely he was renouncing his views, and would not advocate such supernaturalism or præternaturalism again. My impression, Sir, was short-lived; for within a few inches of the justly severe expression, “wretched impostors,” I found the following advertisement:

KNOW YOUR DESTINY.

PAUL WARING,

Just arrived, the world-renowned Clairvoyant and real Astrologer, endowed from birth with the natural gift of revealing every hidden mystery in life—past, present and future—and excels in giving luck in business or love affairs, in uniting the separated, and removing troubles and evil influences. Satisfaction given or no pay. Consultation rooms, 226 Victoria-street, corner of Gould.

If some *soi-disant* benefactors of their species are “wretched impostors,” and others are heaven-sent blessings to mankind, “a line must be drawn somewhere.” Where is that line, Mr. *Globe*, and

where will you consent that it should be drawn? That is *the* question now. On which side will P. Waring be placed? Could it be possible that he would be consigned to the shady side of the line, but that the philosophy of the *baubee* had a little to do with the insertion of the advertisement? There is something simply horrible in the idea of a *purist* aiding the plans of a "wretched impostor," in order to "put money in his purse." The *Globe* owes it to itself, and to its patrons, to explain its position in the premises. It ought either to vindicate Waring or itself; or, if possible, both. By publishing such an advertisement, it is lending its aid to the grossest imposture.

The paper in question is fond of disparaging the regular profession, blaming it for a desire to make a monopoly; and with the small advances that scientific medicine has made. As regards monopoly, if men who, within the last thirty years, have spent fortunes, as regards property, and years of mental and bodily toil, in compliance with the law of the land, to attain to certain positions and privileges, are to be suddenly deprived of the fruits of their expenditure, where is justice to be found in such a contingency? As regards the uncertainty and backwardness of scientific medicine—things greatly exaggerated—how are these to be remedied? By annihilating the rewards for study and research? Certainly not; but by encouraging high intellects to take hold of the work.

How is the new translation of the Bible to be effected? By allowing every boasting pedant to engage in the responsible work? No but by employing ripe scholars, mentally and morally adapted to the duty, who, having been trained from boyhood in similar labors, and having received rewards in the shape of college and ecclesiastical appointments, possess the leisure and experience necessary for engaging in such an important undertaking. Considering the nature of the study and the difficulty of advancing, as in other physical studies, by *experiment*, medical science, by the application of acute and trained intellects to its prosecution, has of late really made wonderful strides. If talented, *learned*, and devoted men cannot advance the science, who is to do so?

I should be sorry to wish that the editor of the *Globe*, or any of his family, should ever suffer from calculus in the bladder, aneurism of the subclavian artery, or depressed fracture of the skull with com-

pression. Should such a calamity occur, perhaps some of the friends will send for Mr. P. Waring to inform them of "the destiny" of the patient. Or if any of his adult female relatives should require assistance for the relief of ovarian or uterine tumor, arm presentation, placenta prævia, or puerperal convulsions, it is to be hoped that no one will recklessly offend female delicacy by admitting a man into the room. Rather send for Mrs. Harris, Mrs. Gamp, or the Muskoka lady, who tried to eject the doctor from the patient's house. She, at least, ought to be equal to the occasion, if muscle and pluck are necessary.

A great cry was lately made in the *Globe*, by a person claiming to be a clergyman in a remote district, who had a smattering of physic and wished to practise as a doctor, of course merely from motives of philanthropy. The cry was taken up and repeated by that paper in an editorial. It appears, however, that the parson charged for the medicines, and professed to be afraid of the Medical Council and its prosecutions. *Query*; did he give the drugs at first cost? The population in his region must be very sparse indeed, if no doctor has penetrated there. But, to tell the truth, I suspect that this pious man's views were not so very disinterested as he would wish us to believe, if I may judge from my experience in a case somewhat similar. A clergyman in charge of a congregation, lately applied to me, stating that he had, before ordination, studied medicine, probably forty years ago. He wanted to do something that would add to his income, and wished me to employ him as an assistant. The salary he was already in receipt of, was much greater than my own annual gross professional income had been, for four or five years after I had commenced practice. He had private means besides. I declined to employ him, thinking he would have enough to do, if he attended to the spiritual wants of his people. He has since been intermeddling with my patients, and I assure you it is not for want of *medicos* in the district, that he thus exemplifies his love to mankind.

Can you tell me, Sir, why the Eclectic members of the Medical Council are now called "members at large?" Are they ashamed of their old appellation? One of their number, I am told, has turned custom-house officer, and is thus by law prevented from practising. Is he still eligible to legislate in matters affecting the interests of the

profession? Truly, the regularly qualified and orthodox practitioners of Ontario have been a long-suffering body.

Yours respectfully,

October, 1875.

JUS ET NORMA.

POISONING BY CARBOLIC ACID.

To the Editor of the CANADA LANCET.

SIR,—As I cannot remember having seen a case reported of poisoning by carbolic acid, and having had a case recently, I purpose giving your readers the symptoms of the case, just as I took them down at the bed-side, with the treatment adopted (given on the spur of the moment), without comment.

On the 15th August, at 8 a.m., I was called to see a child about two years old. I arrived about ten minutes after the child got the acid. Found it partially comatose; pulse 120; difficulty of breathing; great congestion of the lungs, and evident paralysis of the muscles of the pharynx. I administered carbonate of ammonia.

8.30.—Still insensible; left pupil slightly dilated but sensitive; extremities cold. 8.45.—Left iris more dilated and less sensitive; breathing apparently improving under the ammonia. 9.—Paralysis more marked; breathing becoming difficult, rendering artificial respiration necessary. 9.20.—Pupils more sensitive to light; congestion of the lungs becoming less.

9.30 a.m.—An hour and a-half after the accident. Pulse 147; congestion only slight; breathing almost normal; extremities warm. 10 a.m.—Breathing free and easy; pulse strong; patient shows signs of returning sensibility. 12.30 p.m.—Has vomited some; answers questions; a dose of castor oil given; slept a little. 4 p.m.—Sensible; pulse 160; breathing easy; vomits occasionally; drinks barley water often.

August 16th.—Better; complains of pain in the head; recovered perfectly in a few days.

The child swallowed about a teaspoonful of a mixture, of equal parts of carbolic acid and sweet oil. Where it ran over the cheek and chin the skin was blistered, and the mouth and fauces were in the same condition. About five minutes after taking the mixture, the child complained of pain in the bowels, and soon after became insensible.

Yours, &c.,

B. GHENT.

Priceville, Oct. 7, 1875.

Selected Articles.

BRITISH MEDICAL ASSOCIATION.

(Continued from our last.)

The proceedings of the Association were continued on Wednesday at a general meeting of the members, Sir Robert Christison presiding.

It was proposed that the next meeting of the Association be held at Brighton, Sir John Cordy Burrows to be President.

Dr. Falconer was elected President of the Council, and several other office-bearers were appointed. The Right Hon. John Inglis, now President of the Court, and Chancellor of the University, the Lord Advocote, and Dr. Lyon Playfair, M.P., were elected honorary members of the Association.

Mr. Pemberton, Birmingham, said that two ladies had their names down for papers to be read, and he presumed they were members of the Association. How they became so he did not know, but he thought that on a question of this kind the voice of the Association should have been taken previously. (Hear, hear.) He was not there to say whether the matter commended itself to his judgment, or whether it did not. Whenever that became a matter of discussion he should be prepared to express his own sentiments. As far as he read the rules of the Association the members were only described as "he" or "him," and not as "she." (Laughter.) He had, therefore, to move that it be an instruction to the secretary, between now and the next annual meeting, to issue a circular, addressed to every member of the Association, requesting an opinion, "Yes" or "No," as to the admission of female practitioners to membership. (Applause.)

Mr. Marshall, who seconded the motion, said they must at their annual meetings spend some little time in the business of the society as well as in mere complimentary speeches. At these annual gatherings they ought as a whole society to express their opinions and take account of what had been done. During the past year two ladies had been admitted members of the Association, whether by the Committee or Council or by a local branch he did not know, but in either case he thought a great liberty had been taken with the rules of the Association. In Edinburgh they had medical societies to discuss medical topics, but those living in large English towns had no other medical society but this, the British Medical Association. He knew he might be told that it was open to any individual branch to say whether or not any member of the Association need be a member of that branch, but if it was the opinion of the Association that there should be female members, let them be ascertained and then there would be an end of the question.

In his own neighbourhood there was a lady practising medicine whose professional requirements commanded the greatest respect. But he should think that if she became a member of this Bristol Branch their decisions would be hampered, and their social gatherings would become much more formal.

Dr. Stewart stated that Mrs. Garrett Anderson was admitted by the Metropolitan Counties Branch, and had great pleasure in proposing her name—not that he approved the principle (a laugh), but because their rules admitted any legally qualified member of the profession, and as she was a legally qualified member he did not see how she could be kept out.

Dr. Warburton Begbie (Edinburgh) then delivered the address on medicine. He said that the late distinguished Professor of Logic and Metaphysics in the University of Edinburgh (Sir William Hamilton) inquired "Has the progress of medicine made a single step since the days of Hippocrates?" and adduced the opinion of several modern authorities to prove the negative conclusion. Such a question was well worth consideration, and might suitably engage the attention of a meeting like the present. During the last 30 years great advance had been made in every branch of the profession, and there existed nothing hostile to distinction in the field of learning in the study of medicine, as many of the members of the profession had become distinguished as scholars. The question to which he had referred led them to a brief consideration of the practice of medicine at the period of Hippocrates. Intimately acquainted as Sir William Hamilton was with the whole history of philosophy, he knew the alliance which existed between philosophy and medicine in ancient times. Hippocrates believed in the existence of a principle or spiritual essence, a restorer of whatever had become disordered, and thus he was led to consider that the chief duty of the physician consisted in watching the operations of Nature, endeavouring to provoke or restrain them, but rarely to counteract them. There was, however, no ground for concluding that Hippocrates was an inert or purely expectant practitioner. On the contrary, there was abundant proof that Hippocrates found occasion to be bold and decided in his method of treatment. A study of the method of treatment pursued by the father of medicine and his immediate descendants exhibits the fact that their rules of procedure were all based on experience. He had the merit of discovering the great truth that accurate observation in medicine is the real foundation of all knowledge, and he proceeded, in the true spirit of the inductive philosophy, to generalize solely from the phenomena thus observed. It could never cease to afford materials for wonder that through the genius of one man so much was accomplished, when we reflect on the

circumstances that in the time of Hippocrates human anatomy had scarcely, if at all, been practised, that physiology was virtually unknown, and that the use of remedial agents was almost limited to articles of the vegetable kingdom, and these the indigenous plants of Greece and the neighbouring countries. To the subject of diet and regimen Hippocrates paid the greatest attention. He attached paramount importance to the doctrine of crisis, and to the bearing which this had on the treatment of diseases, and they should be doing serious injustice to the Father of Medicine were they not to notice the profound sagacity exhibited by him in the observations on the influence of external agents on men in health and in disease. Dr. Begbie proceeded to notice the advances made in various branches of medical science as affording an answer to the inference in Sir William Hamilton's question, and said they were entitled to conclude that the more advanced their knowledge of the structure of the human frame the more would they be enabled to adapt and apply the means of cure for the diseases to which it was subject. It was truly marvellous that Hippocrates and other ancient mediciners were enabled to achieve so much and to hand down to posterity a body of careful deductions from well-observed facts, wherein there existed so much science. These were, however, being eclipsed by modern discoveries, aided by improved mechanical appliances, and in no age were these advances more rapid than in the present.

A vote of thanks was accorded to Dr. Begbie for his address, and the general meeting adjourned, the various sections meeting at 2 o'clock.

In section A, Medicine, Professor Gairdner, Glasgow, presided in the absence of Dr. Quain.

After a few words from the President,

Dr. Beddoe read a paper on "Types of Continued Fever," which elicited keen discussion, the general conclusion being in favour of enlarging the number of classes of fever.

Dr. M'Call Anderson described the treatment of two cases of aneurism of the arch of the aorta by Galvano-puncture, regarding which mode of treatment general approval was expressed by the members who spoke.

The other papers were by Mr. E. Rickard, M.B., on "Epitome of Notes of Four Cases of Thoracic Aneurism;" by Dr. Clifford Allbutt on "Auscultation of *Æsophagus*;" by Dr. James D. Gillespie on "Erysipelas and Scarlet Fever occurring almost simultaneously in one Family;" by Mr. Balmano Squire, M.B., on "The treatment of Lupus Disease of the Skin by erosion and acupuncture;" by Mr. R. Torrance, on the appearance of the tongue in health and disease.

In Section B, Surgery, the chair was taken by Professor Lister, who stated a number of facts with the view of showing the effect of antiseptic

treatment when strictly carried out the general salubrity of surgical hospitals, and he mentioned a number of circumstances which came under his notice during a recent visit to the Continent, all of them tending to show that hospitals had become remarkably healthy after the adoption of the antiseptic treatment; while pyæmia, erysipelas, and hospital gangrene, which had formerly prevailed to such an extent as to be a scourge, had become comparatively unknown.

In Section C, Obstetric Medicine, Dr. Matthews Duncan, Edinburgh, presided; and delivered the opening address. Papers were read by Dr. Keiller, Edinburgh; Dr. More Madden, Dr. Edis, and others.

In Section D, Public Medicine, the chair was taken by Dr. Lyon Playfair, M.P.

In Section E (Psychology), Dr. Lowe, who presided, delivered an opening address, in which he remarked an ebb and flow of medical opinion, both as regards remedial agents and modes of treatment. He advocated the right of psychology to a destined place in the medical curriculum. Dr. Clouston, Edinburgh, read a paper on Disorders in speech in insanity, which he treated under three heads, convulsion, want of co-ordination, and paralysis. Dr. Alexander Roberston read a paper on unilateral phenomena of mental disorders, and Mr. P. M. Dear, London, described an unusual case of epilepsy. A paper by Mr. Hovell, Clapton, on "Emotional Aphasia" gave rise to an interesting discussion, which terminated the proceedings.

In Section F (Physiology), presided over by Dr. Burdon Sanderson, a number of papers were read, for which, after brief discussions, the usual compliment was paid to the readers.

In the evening the Royal College of Physicians held a *conversazione* in the Museum of Science and Art, which was largely attended.

The Association continued its meeting on Thursday. A general meeting was held at 10 o'clock, Dr. Falconer presiding, when a Report on the subject of State Medicine Qualification was submitted. It stated that it was desirable that every person holding any public appointment connected with medical attendance on the poor, and every candidate for admission into the medical profession, should have a knowledge of the principles of public hygiene; and that every person holding the office of Medical Officer of Health should have an adequate knowledge both of legal medicine, or medical jurisprudence, and of preventive medicine, or public hygiene, comprehending medical police and the management of public institutions supported by national or local taxation. On the motion of Dr. Stewart the Report was adopted, and a copy forwarded to the General Medical Council. The Report of the Scientific Committee recommended the distribution to various gentlemen of grants for discoveries in scientific subjects. A grant of the

value of £50 was awarded to Mr. Hicks for researches in alcohol. The report was adopted. The Report of the Joint Committee on State Medicine, presented by Dr. Stewart, said they desired to return thanks to the 135 medical officers of health who sent replies, many of them very full and of great practical value, to the schedules issued by them last year. They had not yet communicated the results of that inquiry, because the time for making a profitable use of it had not yet come. As the Public Health Bill of last Session had been almost entirely a consolidation of previous Statutes, and so had contributed to the accomplishment of one of the objects earnestly sought for in their memorial, the Committee did not consider it advisable to interfere with the progress of a measure which, though incomplete and in various respects insufficient, was a step in the right direction, and would enable many to study the subject in a single Act, instead of having to enravel the provisions of 20 or 30. The Committee had observed with satisfaction during the recent discussion on the Public Health Bill that there had been a steady approximation to the views constantly maintained by the Committee, and that in particular several important principles urged by them from the beginning, such as the adoption of larger areas and the re-adjustment of areas, would be adopted. The Report was approved.

Professor Spence, Edinburgh, delivered his address on Surgery, reviewing the progress of the profession in relation to the past, and noticing the more important recent advances including galvanopuncture and the antiseptic treatment of wounds. With regard to the latter, he said the dressing of wounds was now in a transition state, and the answer to the problem must be sought for on sufficient data and carefully-weighed statistics. They would then be better able to decide the comparative advantages of the different systems. He did not believe any system, however good, would enable them to guarantee a perfectly successful result in any operation.

A vote of thanks was given to Professor Spence for his address.

In Section A—Medicine—the leading papers were on the treatment of acute rheumatism by the tincture of perchloride of iron, by Dr. Russell Reynolds; on rheumatic fever, by Dr. I. Johnson; and on pneumonia in childhood, by Dr. W. Stephenson. In the Surgical Section other papers were read, and special surgical demonstrations were given by Professor Otis and Dr. Wolfe. In the section for Obstetrics the papers were also read.

In Section D—Public Medicine—Dr. Lyon Playfair, M.P., delivered his opening address. After noticing the various Sanitary Acts passed in recent years, he said they had been groping their way very much in the dark as to the means of

attaining the ends desired. Medical Officers of Health, who were more and more being made the motive powers of sanitary administration, were appointed at haphazard, without being required to prove their knowledge or qualifications for their important duties. The Sanitary Law, in regard to the prevention of disease, was yet in its infancy. If the consolidation of law which had been accomplished this Session meant, as it usually meant, the stereotyping of law for a long period, they would join in deploring the result; but the responsible Minister who introduced it, Mr. Sclater-Booth, gave the most distinct pledge that it was not to be considered in this sense; and with this assurance, they might well congratulate themselves that a consolidated statute gave a firmer foundation than the old shifting patches of law upon which our permanent sanitary edifice might be built. It was in this view alone that all sanitarians would gladly recognize the consolidating Act of this Session as an important contribution to Sanitary Law. As an amending Act it was altogether trivial, as a consolidating Act it was distinctly useful. Referring to the Artisans' Dwelling Bill, he said that Edinburgh, Liverpool, and Glasgow had already shown by Local Acts how much might be done to improve the dwellings of crowded populations. London would certainly use the Act, and root out some of its nests of disease and crime; but it took a long period to remedy such recognized evils. Congregation into towns was the characteristic of the age. Hamlets rapidly became villages, villages concentered into towns, and towns became great cities; and with every increase of density of the population there was an increase of the rate of mortality. These were the evils which the new Statute for improving the dwellings of towns hoped to remove, but a permissive law depended upon a ready-formed intelligence for its application, and he had misgivings as to the immediate or general utility of the measure. Referring to the Adulteration of Food Act, Dr. Playfair spoke of the several instances in which disease had been caused through food and drink, and showed that the clause in the Act requiring the use of pure water for aerated beverages might become a precedent for future legislation, for the distributors of food and drink must be made responsible, that they did not distribute contagious diseases with them. After a reference to the decrease in smallpox through vaccination, he proceeded to consider the functions discharged by the Local Government Board. The Board had two main purposes to discharge—viz., to superintend public health and pauperism. The Local Government Board had never yet fully realized its preventive functions. It looked upon its medical officers of health as much as it did upon its poor law medical officers—as curers, not as preventers of disease. The difference of their function was well described long ago by Xenophon in his "Cyropædia," for

he stated that ordinary doctors were members of garments which are already torn, while sanitary officers have "a care of health of a nobler kind, for it is their duty to prevent the men from becoming sick." The Local Board Government, by its present and past ministers, upheld powerfully the independence of local authorities from medical despotism. They thought it a gross interference with local authority that the skilled medical experts in London should advise Local Boards as to the procedure in the eradication of local causes of diseases, but they thought it no encroachment of central authority when Guardians were not allowed to change gruel for arrowroot in a workhouse dietary without the permission of the Local Government Board. If there was some small excess in expenditure in a local authority, down went one of the 30 Poor Law auditors to audit the accounts. But the idea of auditing the death accounts of the same authority would be deemed to be wanton interference with the independence of local government. Yet such an audit would be incalculably beneficial in an economical point of view, in its relations to the prevention of disease and of pauperism. It was quite true that the Local Government Board sent down medical inspectors to investigate diseases when they had become a scandal to the community, but their duties should not be detective, but preventive. No doubt prevention could not be effectively carried out, until there was a public registration of diseases as well as of deaths, for the former represented the wrecks which strewed the shore after the storm had passed, while disease registration would indicate the rising and falling of the barometer required to give ample warning of the coming storms. He thought the House of Commons would soon take the matter into its own hands. He took this opportunity of giving notice that, as far as the influence of a single member of the House of Commons could be effected, he intended to use his rights to obtain the information necessary to enable the nation to judge whether the Local Government Board was effective in preventing preventible diseases, for no lesser function justified its existence. Not increased central administration, but more effective organization of local authorities, was, in his opinion, the crying want of sanitary progress. When local organization was improved, and the central authority brought into more effective scientific relations with it, they might see an immense impulse given to preventive medicine. A vote of thanks was given to Dr. Playfair for his address.

In this section an interesting discussion arose on the control of insane drunkards, on which a paper was read by Dr. Peddie, Edinburgh, the conclusion of which was that as the State regarded the suicide either as a criminal or as insane, the dipsomaniac having also lost his reason in governing his will, must therefore be regarded as under a mental

malady and treated as such. Dr. G. F. Boddington read a paper "On the control and restraint of habitual drunkards." He considered that the general opinion among medical men was that a remedy was requisite for this crying evil, which medical men could not only fully appreciate, but which they were powerless to remove. Could the public fully recognize the degradation and misery resulting from drunkenness, indignation would at once mount up, and medical men would be saved any further trouble by the country insisting on remedial measures. Professor Christison said that there was no doubt a well-considered resolution on the subject treated of in the last two papers, put forth under the auspices of the Association, ought to have great weight with the Government. They must therefore be careful what they said. He proposed a resolution, which was as follows:—"That excessive intemperance is in many cases a symptom of a special form of insanity which requires special treatment, with a view, first, to the recovery of those affected, and secondly, to the protection and advantage of them and of society; that in the present state of the law such treatment is not attainable; and that it is desirable that legal provision be made to render it attainable." Dr. Husband, of York, seconded the motion. Dr. Morris, Baltimore, stated that though he lived in a country where personal liberty was greatly prized, yet there was a law in some parts by which they could confine confirmed drunkards. Dr. Playfair said that he had been on the Committee on Habitual Drunkards, and although at first of opinion that education alone could prevent drunkenness, the evidence adduced before the Committee led him to sign the Report recommending restraint for habitual drunkards. The motion was then put to the meeting and carried unanimously. Dr. J. Rogers read a paper "On the anomalies and deficiencies of parochial medical relief in Scotland," and urged the claim of that country to be put on an equal footing with England and Ireland. Dr. Mitchell and Mr. A. Buchan presented a paper "On the relation between weather and mortality in London, and the influence of the weather on the death-rate from different diseases and at different ages in London and other large towns." Inspector-General Smart presented a paper "On the rate of deaths by violence in the Navy, the Army, and in civil life." Several other papers were read.

In Section E, Dr. John Sibbald read a paper "On the relative amount of pauper lunacy in town and country," on which he submitted the conclusion that there was no proof that insanity was increasing, and that especially suicide, the unmistakable mark of mental overthrow, showed no evidence of increase.

In the Physiological Section, the most interesting paper was that "On physiological acoustics, with experimental illustrations," by Dr. M'Kendrie, Edinburgh.

In the evening a public dinner of the association was held in the Music-hall, covers being laid for about 500. The chair was taken by Sir Robert Christison.

The concluding sittings of the Association were held on Friday. Professor Rutherford delivered the address of the Physiological Section in the lecture-room of the Museum of Science and Art. He said that in the Medical School of Scotland physiology was still designated "the Institutes of Medicine." This somewhat ancient title had the advantage of continually keeping before the minds of the students the fact that physiology lay at the foundation of scientific medicine. Much had indeed been done in Germany and elsewhere to detach physiology from medicine and to develop it as a branch of purely natural science. Such a development, however, gave to physiology an aspect somewhat different than that which it wore when they regarded it as "the Institutes of Medicine," and therefore this title was useful to the teacher, inasmuch as it constantly reminded him that he was more especially to dwell on those facts of physiology which were of value to the practitioner of medicine. At the present time there was reason for some anxiety with regard to the manner in which "the Institutes of Medicine" were to be studied by students. In recent years the teaching of physiology had made a great stride in this country. Laboratories had been organized, and physiological instruction had in most institutes passed to an experimental position of the subject. He supposed that many of those whom he addressed had an experience of physiological tuition similar to his own. At this moment there was a danger of a return to something like that miserable mode of instruction in consequence of the fanatical clamour of a number of persons, excited, it must be admitted, by one or two members of their own profession. He could not suppose that any member of that Association entertained the idea that experiments on the lower animals were not justifiable for the discovery of new truth, but he was aware that there were some who entertained the idea that vivisection was not necessary where it had for its object the mere demonstration for educational purposes of facts already known. Those who held this doctrine appeared to him to forget that physiology was an experimental science, and that no right conception of the subject could be obtained unless the student was shown the experiments that were necessary for the demonstration of certain facts. (Applause, and a Voice—"No, no.") The student was apt to forget that which he was merely told, but the impression of that which he had seen was with difficulty effaced. He maintained that this definite and critical knowledge regarding the bodily organism could not be attained unless the students were shown experiments on living animals. It was too much to assume that those who advocated a superficial

method of teaching physiology were altogether actuated by feelings which were termed humane. He feared that there was a feeling of indifference to the true principles of a medical education, or an incorrect appreciation of those principles; no one could deny that animals daily suffered in order that they may be eaten by men, and also that men might not be eaten by them. (Laughter.) If it was thought necessary to put animals to a painful death for the purpose of keeping the human race alive, might not the physiologist inflict pain, not only for the discovery of new truth, but also for the right education of those who had to spend their lives in preventing and in healing disease? (Hear, hear.) Was not the one object in both cases precisely the same? He would not speak lightly of the production of pain, for it was the function of those who pursued medicine to alleviate pain and suffering. The public mind had been upset by inaccurate and misleading statements regarding their motives and actions, and deplorable error was committed when the unreasonable clamour of the anti-vivisectionists was met in the spirit of compromise instead of stern resistance. (Hear, hear.) The unfortunate Vivisection Bill conferred a dignity upon the policy of the anti-vivisectionists, which but for that Bill, it would, probably, never have possessed. The increased boldness which it had given to the pretensions of the anti-vivisectionists was only too evident, and all that they could now hope for was that the good sense of their legislators would in the end prevail, and they would do nothing to hamper the education of radical men. Professor Rutherford then proceeded to explain a series of elaborate diagrams, illustrative of the experiments made on a number of dogs with the view to observing the secretion of bile.

Professor Burdon Sanderson, in moving a vote of thanks to Professor Rutherford, said the only question was whether these experiments had been performed with all that skill and judgment which were necessary in order that the best results might be insured, and that no grain of suffering should be inflicted on animals without leading to the accumulation of valuable knowledge. The knowledge gained in this way was permanent and valuable, and it ought to be laid as a principle that the best methods of investigation should be used with the best apparatus, the best experiments, and the best teachers.

Dr. Struthers seconded the motion.

Sir Robert Christison, in conveying the thanks of the meeting to Professor Rutherford, said there seemed to have been a desire not to broach the subject of vivisection at this meeting, but he thought it should have been taken up, so that they might have shown where the truth lay. He was sure that when such experiments were left to men of sense nothing would be done in the least offen-

sive to public opinion, for cruelty was just as disagreeable to the vivisectionist as it was to those super-delicate people who were offering a reward of 20 guineas for the discovery of a vivisectionist. (Laughter.)

The Sections met at 11, and sat for two hours, the programme being in some cases left uncompleted. In the Medicinal Section Professor Gairdner, Glasgow, described a case of abnormal disposition to sleep, with choreic symptoms: and several other papers were presented.

In Section B papers on wry neck, by Dr. Little; Spina Bifida, by Dr. Morton; and several others were read.

The section for Obstetric Medicine was occupied with a number of interesting papers.

In Section D, Public Medicine, Dr. Aitkin read a paper on the sanitary condition of Rome, showing the benefits resulting from improvements made by the authorities.

Mr. W. Eassie, read a paper on the "Sanitation of Houses," in which he advocated outside drainage.

In the discussion which followed, Mr. Carpenter said that sewers should be so made as to allow of no stagnation, movement being the great principle to be observed.

Dr. G. Ross, in a paper on the relation between mortality and dwellings, said the time had come when the maxim that mortality was in the ratio of the density of population should be considered. High density was not necessarily, he held, the cause of high mortality, and by making use of resources at their command every cause of disease should be removable.

In Section E (Psychology), Dr. J. M'Dairmid, Murthly Lunatic Asylum, read a paper on "Hypodermic Injection of Morphia in Insanity." He said that that practice was introduced into this country by Dr. A. Wood in 1851, and was employed usefully by Dr. C. Hunter in 1859 in the treatment of chorea, *delirium tremens*, and acute mania, and used by Dr. M'Intosh in insanity in 1861.

Dr. Lauder Brunton read a paper by Dr. Ferrier, giving an abstract of experiments on the brain of monkeys, with reference to special localization of sensory centres in the convolutions.

The paper gave rise to some discussion, in the course of which Dr. Fletcher said that within his experience a case had occurred in which a boy lost about two ounces of his brains, and was none the worse of it. He watched the career of that boy afterwards, but never found there was any difference in him in any respect after the occurrence, compared with his condition previously.

A resolution by the Surgical Section. "That it is desirable that a committee be appointed to inquire into the use in surgery of various antiseptic agents" was adopted.

The cordial thanks of the association were given to Sir Robert Christison for the able way in which he had presided over the meeting of the Association.

On Saturday excursions were made to Melrose, Abbotsford, the Bass Rock and Isle of May, Rosslyn and Hawthornden, the Trossach, and other places. The excursionists numbered in all about 300.

MEDICAL QUACKERY.

Judging from the correspondence going on in some of the local journals. Liverpool would appear to be especially infested by quack doctors. Whether this comes from a predilection of sailors for such medical attendants or from some other cause, there seems little question that the evil has now reached dimensions that loudly call for legal restraint. Among a number of correspondents all bearing witness to the same effect, one or two give rather amusing mistakes of the traffic in sham drugs. Thus an auctioneer states that his services were recently called for by a cobbler who had agreed to purchase the business and stock-in-trade of a certain quack. For the good will £300 was charged, but the drugs had to be taken over at a valuation. On inspecting these, the auctioneer found them to consist of about 500 pills made of Windsor soap coated with silver, and some bundles of dried parsley and mint. In addition to these valuable goods, a number of foreign diplomas were to go with the business, although the outgoing "doctor" could neither read nor write. Another correspondent describes the *modus operandi* by which some of these unscrupulous cheats manage to pluck their victims. A patient waits upon one of the fraternity and describes his symptoms. The quack shakes his head and assumes a very serious look. "Yours is a very bad case, very bad indeed," he says, fingering away at his visitor's pulse; "I cannot take upon myself to treat it without professional assistance." Of course, the victim, terrified by this alarming diagnosis, at once consents to have a regular physician called in, who in due time makes his appearance, consults with the quack, pockets a guinea fee, and takes his departure. It is needless to say that this eminent authority is no more a physician than the quack doctor, the two being equally ignorant of medical matters. In one case the physician was even discovered to be the barman at a neighboring pothouse, who, on receiving notice from his accomplice, would slip off his white apron, don a black coat, and assume a solemn air, preparatory to consulting with his learned friend. In another instance a quack who has advertised himself for years as "Dr.," and who has "M.D." painted after his name on the door of his house, possesses only the most elementary education, being barely able to spell words in one or two syllables.

As the health of Tom Bowline is of importance to the nation, the sooner these harpies are suppressed at our greatest port the better for England.—*London Globe.*

QUESTIONS AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the final examination for the diploma of membership of the Royal College of Surgeons, on Saturday, the 16th April, when sixty-two candidates offered themselves, the following questions on surgical anatomy, and the principles and practice of surgery, were submitted to them. 1. Give an account of the relations and coverings of the descending colon; and then describe the several steps in the operation of colotomy. 2. Describe the operation of tying the posterior tibial artery in the middle of the leg, mentioning the parts necessarily divided. 3. In a case of compound fracture of the leg, where you are doubting whether to amputate or not, what circumstances would guide your decision? 4. How would you treat a punctured wound of the plantar arch, with recurrent hæmorrhage? 5. What are the varieties of stricture of the rectum? and what are the pathological conditions to which each kind may be referred? 6. What are the pathological changes which occur in the origin, progress, and termination of acute abscess?

The following were the questions on the principles and practice of medicine, viz: 1. Mention the chief cause which may give rise to sickness and vomiting; state how you would distinguish them, and the treatment you would adopt in each. 2. Describe the features of cases of cardiac and renal dropsy; state how you would detect them, and the treatment to be adopted for their relief. 3. Mention the forms in which digitalis, belladonna, and hyoscyamus are used. State the purposes for which they are more especially suited, and the doses in which they should be given. State the effects produced by overdoses of digitalis and belladonna. Write a prescription for a diuretic mixture.

The following were the questions in anatomy and physiology submitted to the 176 candidates who offered themselves at the primary examination for the diploma of member of the Royal College of Surgeons on Saturday last. Four at least, including one of the first two, were required to be answered. 1. Enumerate the refractive media of the eye; and describe how a ray of light is affected as passing through them. 2. Describe the mucous membrane and glands of the stomach, in the cardiac, pyloric, and central portions, respectively. 3. Describe in detail the dissection necessary to display the internal maxillary artery, from its origin to the pterygo-maxillary fossa; and name the nerves

exposed to view in the dissection. 4. Describe the sterno-clavicular joints ; and mention the other ligaments attached to the clavicle. 5. Describe, in their relative position, those parts of the heart and great vessels which are exposed on laying open the pericardium. 6. Enumerate, in order, the several structures that must be removed to expose the whole of the exterior surface of the knee-joint, with its ligaments.

OVARIOTOMY.

In a paper read before the Suffolk District Medical Society, Dr James R. Chadwick describes the removal of a unilocular ovarian cyst. The abdominal walls were found to be very thick ; an incision four inches long was made in the median line, a Wells clamp was applied to the pedicle, and the wound closed with silk sutures. Two gallons of fluid were in the cyst. The total weight of the tumor was eighteen pounds.

The recovery from ether was speedy and unattended by vomiting. Morphine to the extent of a grain was required to relieve the pain apparently due to the traction on the pedicle. Three hours after the operation the patient was dozing, so that he ventured to leave her in charge of the nurse for half an hour. On his return, however, he found her in a state of profound collapse, almost pulseless, scarcely breathing, blue, and clammy. Brandy and heat had already proved ineffectual to arouse the vital forces. He immediately removed the dressings from the wound, and, finding the abdomen considerably distended, took out nearly all the sutures, broke up the agglutinations, and allowed much serum to escape : on search, no effusion of blood was discovered in the peritoneal cavity. The patient revived at once. The pedicle seemed so tense that, before reclosing the incision, he tied it firmly below the clamp, removed this, and dropped the pedicle in Douglas's pouch. A similar sudden revival from imminent death was observed in 1867 by Koeberlé, who, during an acute peritonitis subsequent to ovariectomy, made an incision into the right flank, where dullness was detected, and allowed a large accumulation of pinkish serum to escape. The patient rallied at once and made a good recovery. Dr. Chadwick's case did well for the following three days, but on the fourth day the intestines became greatly distended with gas, interfering so much with respiration that it became necessary to puncture them. This gave great relief, but she sank and died on the fifth day. After her death it was discovered that her habits had been very intemperate, although she had, previous to the operation, positively denied that this was the case. Dr. Chadwick unhesitatingly attributes the fatal result to exhaustion depending upon the condition induced by the immoderate use of alcoholic stimulants.

In connection with the puncturing of the intestines with the aspirator to relieve the flatulence, it seems as if another indication may be met by injecting brandy, beef-tea, etc., through the canula into the small or large intestine, after the gas has escaped. By this means a patient's strength might be sustained when nothing could be retained in the stomach and absorption by the rectum was too slow to meet the demands of the system. In this way fluids could be introduced in considerable quantities into that part of the alimentary canal from which they would be most readily absorbed. If the use of the trocar is as harmless as is asserted by those who have tried it, there is no reason why the intestines should not be repeatedly tapped for the injection of nutrient and stimulant fluids in many desperate conditions and diseases, when the other resources of medical art have failed. In such a case as this, there would have been no other means of introducing enough alcohol to carry her through the depressing effect of such an operation, had her habits been made known during life. Might not peristaltic action also have been excited by the same measure, and thus a second advantage been derived from this procedure? In cases of fæcal impaction, may not the hard, scybalous masses be softened and broken up by the injection of different fluids into their midst, when enemata and purges have proved powerless?—*Medical Times, Philadelphia.*

CHINESE DOCTORS.

Chinese doctors practice among their countrymen in Victoria without interference from the medical authorities, and are not inquisitive as to results. But when these doctors compete with licensed practitioners they are stopped by inquiries as to their qualifications, which they cannot answer to the satisfaction of a European, though they have studied in their own schools, and insist that their credentials should be accepted. One of them, Yeo Quock Ping, who has successfully treated a number of cases among our own people, dissatisfied with the refusal of the Medical Board to register him, applied to the Supreme Court for a *mandamus* to compel them to do so, but failed in his application, although he produced numerous certificates of his skill and the following diploma from the College of Doctors in the District of Chung Low, in the Empire of China :—

“ At a meeting of the College. We, the doctors of this district, hereby certify that we know you, Quong Hung San San Neng Yong Ah Kan Oo, No. 42, Yee Quock Ping, and we hereby testify that we have correctly examined you, and find that you have studied for six years, and understood the seven external and eight internal pulses, together with the liver, heart, lungs, kidney, and stomach,

and bladder, spleen, pericardium, big and small bowels, and their pulses; that you are thoroughly conversant with all the pulses in all parts of the body; and that you have studied medicine for four years. We hereby certify that, having passed your examination satisfactorily, you are entitled to practice as a doctor in every district; and we hereby bear witness to your general and thorough knowledge of medicine and the pulses."—*London Times' Correspondent, Melbourne.*

TAPPING AND DRAINING THE PLEURA.

CLINIC, BY S. BERKLY HILL, UNIVERSITY COLLEGE, LONDON.

This patient, with fistula in the thorax and abscess in the right pectoral muscle, caused by the escape of pus from an empyema, affords me an opportunity of briefly reciting to you the leading points connected with thoracentesis.

The effusion may be merely dropsical fluid from neighboring organic disease, inflammatory serous exudation, or pus. To remove these collections thoracentesis may be needed in three groups of cases. (1) In very copious effusions death is threatened by gradual suffocation, but it more frequently takes place suddenly by syncope—a contingency you should never forget. (2) When the effusion compresses one lung, and seriously impedes the action of the heart. (3) When there is hectic or pus it is necessary to open a free drain from the lower part of the cavity in order to gradually close it.

In chronic pleurisy absorption is very slow. Meanwhile the lung is squeezed against the spine, and in time its tissue becomes so much altered that it cannot expand again, or, fibrous adhesions grow strong enough to bind down the lung permanently. Such bands also, though less frequently, fasten the pericardium in an unnatural position, by which the action of the heart is hindered. The pleura itself, by long-continued inflammation, becomes very thick. At the post-mortem of the child whose photograph is before you, we found the pleura to be one-eighth of an inch thick, making a leathery unyielding cover, fixing the lung to the spine. In this condition, though we had no difficulty in draining the pleura, the lung could not expand to fill up the cavity. In consequence, the skeleton of the child continued to collapse and twist till this extraordinary deformity was produced. Serous effusions after a time are apt to become purulent; in this state they are still less readily got rid of than serum. Pus, too, frequently excites hectic or septic fever, and, by ultimately perforating the pleura, may penetrate to a bronchus or to the surface of the chest, and thus form bronchial or thoracic fistulæ. Spontaneous cure by this means

is possible, but, through the indirect course of the fistula, it is tedious.

Formerly a long list of objections were put forward against this operation. Most of them are abandoned; but for the rest a few words of notice may be introduced. Let us take, first, the impossibility of wrong diagnosis. Doubtless this cannot always be avoided. But in any case a fine canula and exhausting syringe may be plunged into the chest without the slightest apprehension. Dr. Ringer uses the ordinary subcutaneous injection syringe. This may be inserted in several places if the fluid is not hit upon by the first puncture. Such small wounds of a solid tumour or of the lung itself give no trouble. Bowditch says he has never seen harm ensue even when blood has been drawn out through the ordinary canula. The risk of wounding the intercostal vessels is a bugbear only to the theorist; in practice it does not occur. I do not know that a single case has been recorded, nor has Bowditch met with an instance in 250 cases. It is alleged that to tap while fever is present increases the inflammation. But not necessarily. Dr. Erlenger's observations show that the temperature in several cases did not rise after tapping, while when hectic is present, as with our patient of to-day, the temperature rapidly falls after the pus has been withdrawn. Indeed, you may be convinced that no matter what other affections coexist, you will not increase but lessen the patient's sufferings, and help him to recover by drawing away the fluid that harasses him. Be quite satisfied on this point. That fresh fluid is often effused into the pleura after tapping is no real objection. It can be tapped again as often as it collects in any considerable quantity; nor is the absorption of consecutive effusions impeded by withdrawing the first. Indeed, contrary to what was once alleged, repeated puncture is more likely to prevent the conversion of serum into pus than to hasten it. Meanwhile the lung and heart, being frequently relieved from pressure, are less liable to be permanently fastened down in an unnatural position. The entry of air is an objection which has some weight, though it is greatly overestimated. Air has got into the pleura again and again without any mischievous result; but as it is easy to keep air out, that should be always done when the fluid is serous. Whether there is any advantage in closing the wound after evacuating pus is not yet clear; certainly the remainder or any subsequently secreted pus is rarely absorbed spontaneously when the wound is closed. According to my experience the cavity shrinks and the lung expands only when constant drainage is maintained; thus time is saved by beginning to drain at once. But I must not omit to state that in some of Dr. Ringer's cases the pus gradually ceased to form after simple repeated aspirations; so that perhaps the following rule is the best to lay down for practice. You may simply tap all effusions the first time, unless

you have already parietal abscess, hectic, or putrid pus; but on the second tapping, drain the purulent effusions; serous effusions may be simply tapped as often as any considerable bulk of fluid collects.

The mode of operation depends on the nature of the fluid. If serous—and it is probably so when not accompanied by consolidation of the lung or parietal abscess, nor of long standing—it can be reached most readily at the infra-axillary region, and in the sixth or seventh interspace. As you know, in the infra-axillary region the sixth interspace is on the level with the nipple; hence it is easy to select a convenient position for the trocar. This should be plunged in at once without preliminary incision, for the puncture closes, when the instrument is withdrawn, by the elasticity of the skin; but, to make sure, a bit of lint soaked in collodion may be put over the puncture. The quantity to be removed at one tapping depends greatly upon the effect the evacuation has on the patient. There is no advantage in extracting as much as possible, and great pain and even danger at times ensue from doing so. You need not aspirate at all, in most cases; the pressure within the chest will drive out the fluid fast enough, though the syringe is useful to force back a clot or shred of lymph, if such block the tube. Coxeter has lately improved the aspirator by connecting the evacuating nozzle with a long india-rubber tube, by which the stream can run direct to the pan without entering the barrel of the syringe, and the exhausting or injecting power is reserved to overcome accidental plugging. But in most cases I prefer the well-known Thompson's trocar, in which, as you see, the trocar, as it leaves the canula, enters an air-tight stuffing-box; thus air cannot rush into the pleura if the stream ceases to flow out. Under all circumstances let as much flow as will come readily, and stop it if the patient feels a tearing pain or begins to cough violently and continuously—symptoms which Trousseau tells us are caused by the expanding lung drawing air along its disused tubes. Should a second tapping be needed, the patient will readily consent when he has once felt the relief it brings.

When intending to drain, an orifice should be made further back and lower down than suffices for simple tapping. The best situation is that defined by Bowditch—one opposite the lower angle of the scapula, and (in an adult) two inches higher up than the lowest point of respiratory murmur on the sound side. He feels with his forefinger for an interspace, which would be the eighth or ninth, and plunges in his trocar quickly and freely, taking care to go deep enough that he may reach the fluid, through thick layers of lymph, if they be present. When quite sure beforehand that the fluid is pus, use a canula wide enough to let a drainage-tube pass through it; and when the stream of pus flags introduce five or six inches of india-rubber drainage-tube; tie a piece of silk

thread firmly to the outer end, and secure that to the skin by placing over it a good-sized disc of diachylon plaster three or four inches above the wound, to prevent the whole of the tube slipping into the cavity—a mishap that has occurred ere now. Then cover the wound with a broad thick layer of tow or tarred hemp, which can be renewed as often as it is charged with matter. In a day or two the quantity will not exceed a few drachms per diem, and is easily managed. Keep the patient as much as possible on his back and injured side, and protect him well from chills, to which he will be sensitive for a long time, and thereby to fresh pleurisy. If the tube first used, being necessarily a small one, does not drain freely enough, in two or three days the orifice will have widened sufficiently to allow a larger tube to take the place of the first. Again, if while the fluid flows the character of the matter induces you to begin drainage when you had tapped with the intention of closing, you may widen the orifice by incising the skin and muscles parallel to the rib while the fluid is running freely, and pass in the drainage-tube by the side of the canula still *in situ*. If you leave the passing of the tube till the chest has emptied itself, you will have much more difficulty in accomplishing its introduction. When there is already abscess in the front of the chest, you may disregard it, and in most cases it is better to do so, and make your aperture at the back as if it were not present. The matter soon drains again into the chest and disappears. A patient put by Sir William Jenner under my care last spring had bulging abscess in the infraclavicular region. The skin was red and fluctuation most distinct. Drainage was made in the back. The abscess shrank considerably even while the pus was running through the canula, and in twenty-four hours all signs of it had disappeared.

With regard to using anæsthetics, certain authorities—Dr. Bowditch, for example—are most strongly opposed to their use. Dr. Bowditch has narrated* to Dr. Clifford Allbutt of Leeds, that in five cases where ether was administered, two died shortly after the operation, a third was restored only by most energetic means, including tracheotomy, and the ether was abandoned in the remainder before the operation was complete. With such examples, anæsthetics should not be used for simple tapping. If the patient dread the prick, the skin may be numbed by ether spray. Nevertheless, when an incision has to be made through thick muscles at the back, and the often tedious operation of introducing a drainage-tube to be undergone, the pain is severe and the shock to the patient in his depressed state proportionately great. In such cases chloroform is given without hesitation in this hospital, and certainly so far without a fatal result. I have notes of seven† cases where I have operated

* Medical Times and Gazette, May 16th, 1874,

† An eighth case has occurred since these "remarks" were made.

while the patient was under chloroform, large quantities—twenty, thirty, and thirty-seven ounces—of fluid having been withdrawn without any serious difficulty, and in most cases without any unusual symptom whatever. I do not know how often my colleagues have resorted to chloroform, but I am not alone in using it. Dr. Allbutt also remarks that in one of his cases chloroform was employed and the result was "fairly good." Hence, though anæsthetics are not to be lightly resorted to, they may be safely employed when really required. It is worth notice also that *ether* was the source of mischief in the fatal cases, and that *chloroform* was well borne in our cases.

Lastly, a few words about injections. Boinet obtained great results with them. He used to tap the pleura and inject solution of iodine and close the wound at once, getting sometimes rapidly a complete cure. Used thus I have had no success with injections, and very little in any way. When there is stinking pus and septic fever, an effective drain usually quickly clears off the putrid matter, and the septic fever subsides rapidly. In extreme cases you may wash out the cavity with warm water injected through a flexible catheter, but astringent or antiseptic solutions of all kinds are not wanted, and they annoy or hurt the patient.

Sometimes owing to adhesions or other loss of expansive power in the lung, there remains permanently a small cavity, which if kept clear by assiduous drainage, interferes little with the patient's health or occupation. An omnibus-driver, who had extensive empyema three years ago, is now regularly at work, and pays us a visit now and then that we may be sure he keeps up proper drainage of a space that refuses to close completely. He, as well as another patient, who has worked on a lighter up and down the Thames for the last nine years, and is at the same work still I believe, wear a silver canula night and day, through which two or three teaspoonfuls of matter ooze daily. They are both much exposed to the weather, yet are strong and hearty.

The tube must be worn as long as any matter is secreted. One of the patients on whom I operated, a girl, wore it from her eighth to her thirteenth year, during which period she had scarlet fever; yet she is now well-grown, straight, and has very little contraction of the side where she so long had empyema. In concluding, let me mention that when there is great distortion and displacement of the viscera, through collapse of the thorax after empyema, sudden death by syncope may happen. The child whose pleura was so much thickened died thus.—*Lancet*.

ROYALTY AND TEMPERANCE.—The gratifying announcement that Her Majesty the Queen would become a patron of the Church of England Temperance Society is followed up by the almost equally gratifying statement that the Rev. Basil Wilberforce has received a letter announcing that his

Royal Highness Prince Leopold will become President of the Oxford Branch of the Church of England Temperance Society. The Church of England can do no higher service to this country than by enlisting the sympathy of Royalty and rank in the temperance movement. It is high time that the amount of drinking which goes on, not only in Liverpool, but in all parts of the kingdom, should be abated, as something intensely degrading and disgraceful, having no foundation in either sense or morality, as it certainly has none in physiology. Let us hope that we are at the beginning of a great religious and patriotic effort to increase the temperance of every section of the community. Mere patronage will not do it. But we shall have more assistance in this enterprise from the Royal Family than is implied in mere patronage; and not the least glory of the Victorian reign will be the perception of a great social vice by Her Majesty, and the desire personally to help in its removal.—*Lancet* Sept. 18.

FISSURE OF THE ANUS.

Fissure of the anus; supposed uterine disease; division; complete recovery.—S. W—, aged twenty-one, married two years; one child, aged seven months. Ever since her confinement the bowels have been very confined, often going a whole week without acting. For the last five months she has taken two or three teaspoonfuls of castor oil every morning. She experienced severe agonizing pain on defecation, the pain lasting the greater part of the day, and quite unfitting her for her household duties. A medical man had been in attendance for several months, and had treated her for an affection of the womb, only lately having had any suspicion that something was wrong with the bowel, when two leeches were applied to the anus, but no examination made. The patient had been confined to bed for nearly three months. Having heard the above history, the lower bowel was carefully examined, and on passing the left forefinger a hard, exquisitely sensitive fissure on the posterior aspect was detected. As the patient was exceedingly nervous, and the examination caused much pain, a small quantity of chloroform was given, and the fissure divided by means of a blunt-pointed bistoury. Oiled lint and opium suppository were inserted, and the bowels relieved on the third day without any pain whatever. Attention to the state of the bowels caused great improvement in the general health. After the first few days the patient had no return of the symptoms, and recovered perfectly.

Fissure of the rectum; supposed piles; operation; recovery.—E. E—, aged twenty-five, single, presented herself, complaining of certain uterine symptoms, together with severe pain in defecation, which had been present during the last two years.

The bowels were habitually constipated, the patient frequently allowing a whole week to elapse without their acting—in fact, the pain was so severe, “she never went unless she was absolutely obliged,” as “the agony was so excruciating,” becoming worse and worse an hour or so after the bowels acted, the pain often lasting for twenty-four hours, and the motion being streaked with blood.

On examination, a small condylomatous growth at the anterior margin of the anus was detected, which the patient stated she had regarded as a pile, and had had ointment prescribed for it, though she had never been examined. On inserting the finger per anum, a fissure was found extending up an inch or more into the bowel from the growth externally; considerable pain was complained of at the time, and the finger on withdrawal was streaked with blood.

The growth was at once removed by the aid of curved scissors, and the fissure divided along the base by means of a bistoury. Oiled lint was inserted, and a mixture of sulphate of magnesia and sulphate of iron prescribed, to ensure regular action of the bowels, a soothing lead lotion being also ordered. The pain on defecation gradually disappeared, and the patient recovered perfectly within a few weeks.

The case is of interest, as the patient had been seen by several practitioners, who treated her for piles on her own representation, without ever confirming or upsetting the patient's own diagnosis by means of an examination. She had been doctoring, on and off, for nearly the whole of the two years during which she had been suffering.

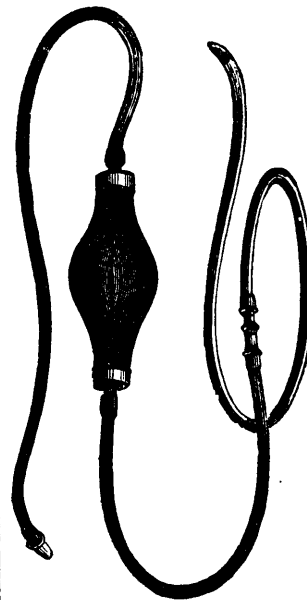
In place of confining the bowels by means of opium subsequently to the operation, as usually advised, a tonic aperient mixture was prescribed, and regularity of the bowels thus ensured.—*Dr. Edis in the Lancet.*

THE QUEEN AND THE PROFESSION.

The profession ought to be, as we have no doubt it is, highly gratified by the kindly feeling which Her Majesty invariably manifests towards those members of it upon whom has devolved the honourable and responsible duty of guarding Her Majesty's health. A few years ago, when Sir James Clark died, the notice of his death, which appeared in the *Court Circular*, was accompanied by most gracious expressions of regard on the part of the Queen; and now, again, Sir Charles Locock's memory has been honoured by the expression of Her Majesty's genuine regard for the deceased baronet. Such sympathy between the Sovereign and the physicians of her Court shows that the profession to which they belong must hold an honourable place in the estimation of one who is looked upon as the sole

fountain of honour, and it further shows how highly Her Majesty appreciates those who amidst the anxieties of extensive practice have shown themselves loyal and zealous in her service. It is but too often the case that doctors fail in obtaining from their patients any expression of gratitude even for services which have involved much hard work and abnegation of self, but it will never be said that Her Majesty forgot to render to her servants that which alone makes labour sweet, and which is always highly prized by those who are fortunate enough to earn such noble expressions of good-will and affectionate gratitude.—*The Lancet.*

TOSWILL'S IMPROVED SYPHON STOMACH PUMP.



This instrument consists of an India-rubber tube, about half an inch in diameter and some four feet in length, provided with a ball of the same material, which is two or three inches in diameter, and situated about eighteen inches from one end of it. In fact, it is almost a *fac-simile* of an enema syringe, but without a valve. To the other end the stomach-tube proper is attached by a simple contrivance. This stomach-tube is nothing more or less than an enlarged Thompson's

india-rubber catheter with two large oval holes situated near the extremity. Let us suppose the instrument to be used in a case of poisoning where it is desired to wash out the stomach as speedily as possible. The patient being seated in a chair, or reclining on a couch, the stomach-tube is oiled and then passed back in the mouth in the usual way until it has reached the upper part of the pharynx. Its passage down the cesophagus, as in the case of Thompson's catheter in the urethra is effected by twisting it round and round in the hand until it has reached the stomach. I need scarcely point out how much less pain this soft flexible tube must cause than the hard, somewhat inelastic tube generally used. The rest of the instrument is now adjusted to the stomach tube (the work of a second), and then a jug of water



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CATHARTIC COMPOUND, U. S.	{ Ext. Coloc. Co. Pulv. 1-3 gr. Ext. Jalapa Pulv. 1 gr. Hyd. Chlor. Mite. 1 gr. Gambogie Pulv. 1-4 gr. }	1 00	4 75
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CHINOIDINE	3 grs.	75	3 50
CINCHONIDIA, SULPHATE	1 gr.	60	2 75
CINCHONIDIA, SULPHATE	2 grs.	1 00	4 75
CINCHONIDIA, SULPHATE	3 grs.	1 50	7 25
COLOCYNTH COMPOUND EXTRACT, U. S.	3 grs.	1 00	4 75
COOK'S	{ Aloe Soc. Pulv. 1 gr. Rhei Pulv. 1 gr. Hyd. Chlor. Mite. 3-4 gr. Saponis Pulv. 1-4 gr. }	60	2 75
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COPAIBA AND OLEO-RESIN CUBEBS	5 grs.	1 25	6 00
DINNER (Lady Webster's)	{ Aloe Soc. Pulv. 1-4 5 gr. Mastiche Pulv. 3-5 gr. Rosae Gallicae Pulv. 3-5 gr. }	3 grs.	60
FERRUGINOUS (Blaud.)	3 and 5 grs. { Ferri, Sulphas. aa }	1 00	4 75
HOOPER'S	{ Iodoform. 1 gr. Ferrum, Redactum, (Quevenne's) 1 gr. }	2 grs.	2 50
IODIFORM AND IRON	1 gr.	50	2 25
IRON BY HYDROGEN, (Quevenne's)	2 grs.	75	3 50
IRON BY HYDROGEN, (Quevenne's)	1 gr.	1 00	4 75
IRON, CITRATE AND QUININE	2 grs.	1 50	7 25
IRON, CITRATE AND QUININE	2 grs.	50	2 25
IRON, PHOTO-CARBONATE (Vallet's Mass)	2 grs.	50	2 25
IRON, PHOTO-CARBONATE (Vallet's Mass)	3 grs.	50	2 25
IRON, PHOTO-CARBONATE (Vallet's Mass)	5 grs.	60	2 75
OPIMUM, U. S.	1 gr.	75	3 50
OPIMUM AND CAMPHOR	{ Opium. 1 gr. Camphor. 2 grs. }	3 grs.	80
PEPSIN	5 grs.	1 50	7 25
PEPSIN AND BISMUTH	{ Pepsin. 2 grs. Bismuth, Sub-Nit. 3 grs. }	5 grs.	1 50
PEPSIN, BISMUTH AND STRYCHNINE	{ Pepsin. 2-1-2 grs. Bismuth, Sub-Nit. 2-1-2 grs. Strychnia. 1-60 gr. }	5 grs.	1 75
PHOSPHATES IRON, QUININE AND STRYCHNINE	{ Ferri, Phosphas. 2 grs. Quinie, Sulphas. 1 gr. Strychnie, Sulphas. 1-60 gr. }	2 00	9 75
PHOSPHORUS	1-20, 1-50 and 1-100 gr.	1 00	4 75
PHOSPHORUS COMPOUND	{ Phosphorus. 1-60 gr. Ext. Nucis Vomice. 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND	{ Phosphorus. 1-100 gr. Ext. Nucis Vomice. 1-4 gr. }	1 25	6 00
PHOSPHORUS COMPOUND AND IRON	{ Phosphorus. 1-100 gr. Ferri, Phosphas. 1-2 gr. Ext. Nucis Vomice. 1-8 gr. }	1 25	6 00
PODOPHYLLIN	1 and 1 gr.	75	3 50
PODOPHYLLIN COMPOUND	{ Podophyllin. 1-2 gr. Ext. Hyocyanin. 1-8 gr. Ext. Nucis Vomice. 1-16 gr. }	1 00	4 75
PODOPHYLLIN AND BLUE	{ Podophyllin. 1-2 gr. Pil. Hydrarg. 2-1-2 grs. }	1 00	4 75
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QUININE, SULPHATE AND BI-SULPHATE	1 gr.	1 50	7 25
QUININE, SULPHATE AND BI-SULPHATE	1 grs.	2 15	10 50
QUININE, SULPHATE AND BI-SULPHATE	2 grs.	2 75	13 50
QUININE, SULPHATE AND BI-SULPHATE	3 grs.	4 00	19 75
QUININE, SULPHATE AND BI-SULPHATE	4 grs.	5 50	27 25
QUININE, SULPHATE AND BI-SULPHATE	5 grs.	6 50	32 25
QUININE COMPOUND	{ Quinie, Sulphas. 1 gr. Ferrum, Redactum, (Quevenne's) 1 gr. Acid., Arseniosum. 1-33 gr. }	2 00	9 75
QUININE, ARSENIC AND NUX VOMICA	{ Quinie, Sulphas. 1 gr. Acid., Arseniosum. 1-60 gr. Ext. Nucis Vomice. 1-4 gr. }	2 00	9 75
QUININE, PHOSPHORUS AND NUX VOMICA	{ Quinie, Sulphas. 1 gr. Phosphorus. 1-60 gr. Ext. Nucis Vomice. 1-40 gr. }	2 75	13 50
RHUBARB, U. S.	{ Rheum. 3 grs. 4 grs. Sapo. 1 gr. 1 gr. }	1 00	4 75
RHUBARB COMPOUND, U. S.	{ Rheum. 3 grs. Myrrha. 1 gr. Aloe, Soc. 1-1-2 gr. Ol. Mentha Pip. 1 gr. }	1 00	4 75
SANTONIN	1 gr.	1 00	4 75
TRIPLEX	{ Aloe Soc. Pulv. 1-1-2 grs. Pil. Hydrarg. 3-4 gr. Res. Podophyll. 3-4 gr. }	1 00	4 75

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They are *superior* in every respect to Pills coated with sugar or other substances, and preferable to plain and uncoated pills, in that they render it possible to give obnoxious substances in a compact, tasteless and, at the same time, very soluble covering.

They are pleasing in appearance, oval in form, the taste and odor of the material are completely disguised, while they *readily dissolve* in the stomach. The present method of sugar-coating pills is very objectionable, as the pills require first to be *thoroughly dried and then coated with a compound of insoluble gums*, to prevent future discoloration of the external sugar-coating, for which reason they are frequently found to pass the intestinal canal in an almost unchanged condition. To obviate this difficulty, and place in the hands of the Physician a *reliable and efficient agent* in form *readily soluble*, and at the same time *elegantly coated*, these Pills are introduced.

These Pills are thoroughly and accurately compounded in the Laboratory of MCKESSON & ROBBINS, of the best materials; are all made by hand and coated, while *soft*, with *pure gelatine*, without being subjected to any drying process, and are warranted to retain their full medicinal activity unimpaired, and to remain perfectly soluble in any climate and for any length of time.

These Pills are put up in bottles of 100 and 50 each, neatly labeled with formula.

They have already received the approbation of many distinguished Physicians, and have been favorably noticed in our leading Pharmaceutical Journals, and no pains will be spared in their manufacture to entitle them to merit the confidence and approval of the profession and public.

Important Facts about McKesson & Robbins' Gelatine-Coated Pills.

Every Physician will recognize the importance of knowing the character of the house manufacturing Pharmaceutical Preparations which they prescribe, and every druggist should be as careful in filling prescriptions.

THE REPUTATION WE HAVE GAINED FOR OUR GELATINE-COATED PILLS MAY INDUCE OTHERS TO PUT UPON THE MARKET INFERIOR PREPARATIONS AND INTRODUCE THEM THROUGH OUR PREVIOUS ADVERTISEMENT. IN SUCH AN EVENT WE PROPOSE TO PROTECT OURSELVES AND THE PUBLIC, AS FAR AS POSSIBLE, AND, IN THE MEANTIME, WOULD RESPECTFULLY ASK BOTH PHYSICIANS AND DRUGGISTS TO SPECIFY MCKESSON & ROBBINS' GELATINE-COATED PILLS IN ORDERING, SO THAT THERE MAY BE NO DISAPPOINTMENT IN RESULTS ON ACCOUNT OF SUBSTITUTION OF OTHERS CLAIMING SIMILAR MERITS. SEE "5TH" PARAGRAPH BELOW.

- 1st.—They are *reliable*, being made strictly in accordance with formulas, and of the best materials. If three of the ordinary Compound Cathartic Pills have been a dose, prescribe two of our Gelatine-Coated for the same result.
- 2d.—They are *soluble*, the gelatine, in the temperature of the stomach, being speedily converted into jelly, and the contents of the Pill left free to act.
- 3d.—They are *very easy to take*; patients, who have found it impossible to swallow a plain or sugar-coated pill, are surprised at the readiness with which the Gelatine-Coated Pill "goes down," on account of the oval shape and the nature of the coating.
- 4th.—The serious accidents which so often result, in mistaking sugar-coated pills on account of their external similarity, are rendered impossible with our Gelatine-Coated Pills, as, because of the transparent nature of the gelatine, the color of the pill-mass is always observable; the Quinine Pills being light colored; the Compound Cath., U. S., brown; Blue Pills, blue; Vegetable Cath., black, &c.
- 5th.—Our Pills are *oval* and, unlike others, *necessarily soft*, when coated. *Our process is the only one in which the mass can be coated when soft*, in fact, the pills must be soft in order to be coated by our machinery; the nature of some masses is to harden after being made, but all our Pills are soft when made, soluble and readily assimilable.

We desire to call particular attention to our Bi-Sulphate of Quinine Pills. They contain an additional equivalent of Sulphuric Acid, thus rendering the official Sulphate of Quinine *more soluble*: decidedly a great advantage over the ordinary Quinine Pill. [See *American Journal of Pharmacy*, XXV, 292.]

Our goods are procurable from all respectable druggists, or sent by mail upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your druggist's.

Yours respectfully,

**MCKESSON & ROBBINS, Wholesale Druggists,
91 FULTON STREET, NEW YORK.**

Manufacturers of AROMATIC ELIXIRS, FLUID EXTRACTS, and all Pharmaceutical Preparations.

SPECIFY McKESSON & ROBBINS'.

McKESSON & ROBBINS'

SYRUP OF THE PHOSPHATES OF IRON, QUININE ET STRYCHNIA.

(DR. AITKEN'S.)

This syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of



Chronic Diseases. The elements of its composition are present in the system, and a proper proportion of them is essential to health.

DOSE.—From 30 drops to 1 drachm.

PREPARED BY
McKESSON & ROBBINS,
Druggists and Pharmacists,
NEW YORK.

FLUID EXTRACTS.

AROMATIC
ELIXIR
OF
CALISAYA
BARK
WITH
Pyrophosphate of Iron.

TRADE

MARK.

A pint of this Elixir represents one ounce of True Calisaya Bark, with 128 grains of the Pyrophosphate of Iron. The Iron is so combined in this preparation as to make it tasteless, at the same time that it is prompt and efficient in its action, and can be taken without affecting the teeth.

DOSE.—From a tea-spoonful to a table-spoonful, three times a day, before or after meals, as the physician may direct.

MANUFACTURED BY
McKESSON & ROBBINS,
Druggists & Pharmacists,
91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,
NEW YORK.

- Elixir, Belladonna Compound
- " Bismuth and Strychnia.
- " Blackberry Root.
- " Bromide of Ammonium.
- " " of Potassium.
- " " of Sodium.
- " Buchu.
- " " Compound.
- " Calisaya.
- " " with Pyrophos. of Iron
- " " with Am. Cit. of Iron.
- " " Iron and Bismuth.
- " " Iron and Strychnia.
- " " Arsenic and Strychnia
- " " Bismuth
- " " Iron, Bism. & Pepsin.
- " " Iron, Bism. & Strych.
- " " Iron and Quinia.
- " " and Strychnia.
- " " Cherry Bark.
- " " Chloral Hydrate.
- " " Cinchona.
- " " Colombo.
- " " Dandelion.
- " " " Compound.
- " " and Iron.
- " " Ergot.
- " " Gelsemium.
- " " Gentian.
- " " " and Chloride of Iron.
- " " " and Colombo.
- " " " Compound.
- " " Guarana.
- " " Hellebore.
- " " Hellebore Compound.
- " " Helonia Root Compound.
- " " Hop.
- " " Iron, Bismuth and Strychnia.
- " " Juniper.
- " " Lact.-Phosphate, Lime & Peps.
- " " Leptandra.
- " " Lupulin.
- " " Mandrake.
- " " Mandrake, Compound.
- " " Matico.
- " " Matico, Compound.
- " " Muskroot.
- " " Muskroot, Compound.
- " " Orange Peel.
- " " Pareira Brava.
- " " Pareira Brava, Compound.
- " " Pepsin.
- " " " and Bismuth.
- " " " Bismuth and Iron.
- " " " Iron & Strych.
- " " " and Strychnia.
- " " " and Strychnia.
- " " Phosphate of Iron.
- " " Iron, Quin. & Strych.
- " " Pyrophosphate of Iron.
- " " Propriamin, 4 oz.
- " " Quinia.
- " " " and Arsenic.
- " " " Arsenic and Iron.
- " " " and Strychnia.
- " " " Iron, Bism. and Pepsin.
- " " " " and Strychnia.
- " " " and Strychnia.
- " " " and Strychnia
- " " Bhubarb and Fluid Magnesia.
- " " Senna, Compound.
- " " Simple.
- " " Strychnia.
- " " Taraxacum, Compound.
- " " Valerianate of Ammonia.
- " " " " & Quin.
- " " " of Strychnine.
- " " " Iron and Strych.
- " " " Quinia.
- " " " Zinc.

AROMATIC
ELIXIR
OF
GENTIAN
WITH
CHLORIDE OF IRON.

TRADE

MARK.

A pint of this Elixir represents 128 grains of Extract of Gentian, with 128 grains of Per-Chloride of Iron. The union of the pure bitter of the Gentian and the tonic powers of the Iron makes this a valuable remedy in cases of debility of the digestive organs.

DOSE.—From a tea-spoonful to a table-spoonful, three times a day, before or after meals, as the physician may direct.

MANUFACTURED BY
McKESSON & ROBBINS,
Druggists & Pharmacists,
91 & 93 Fulton, and 80, 82 & 84 Ann Sts.,
NEW YORK.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

In ordering of your Druggist be careful to specify McKesson & Robbins'.

We have been much gratified by the receipt of a number of letters from Physicians and Pharmacists, speaking in the highest terms of the *STRENGTH and reliability* of our *Fluid Extracts*, for they convince us that our efforts to elevate the standard, or rather to

Compound Syrup of the Phosphates of IRON, LIME, POTASSA AND SODA.

(CHEMICAL FOOD.)

This Syrup is the most agreeable and efficient of the *Chemical Nutritive Tonics*, well adapted to supply the waste occurring in the system during the progress of *Chronic Diseases*, and to build up the strength of persons wasted by long continued ill health.



The elements of its composition are present in the system, and a proper proportion of them is essential to health. In this preparation the Phosphates are presented in a soluble and elegant form.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY
McKESSON & ROBBINS,
Druggists and Pharmacists,
NEW YORK.

maintain the proper standard, of these important Pharmaceutical Preparations have been successful. We shall always endeavor to merit the reputation we have earned.

SYRUP OF LACTO-PHOSPHATE OF LIME.

(DR. DUSART.)

This Syrup, after the formula of Dr. Dusart, contains the recently precipitated Phosphate of Lime, dissolved in Lactic Acid, two grains in a fluid drachm. The value of



this preparation will be readily appreciated in cases of deficient nutrition in the different forms of Scrofula, Phthisic and Dyspepsia.

DOSE.—A tea-spoonful.

PREPARED BY
McKESSON & ROBBINS,
Druggists and Pharmacists,
NEW YORK.

Syrup Iodide of Iron.
Syrup Lacto-Phosphate Lime, Soda and Potassa.

SYRUP OF THE HYPOPHOSPHITES OF LIME, SODA, POTASSA AND IRON.

This Syrup combines the earthy and alkaline hypophosphites prescribed and used by Dr. Churchill, as a



remedy in Phthisic, Nervous Diseases and General Debility, supplying Phosphorus to the system.

DOSE.—A tea-spoonful three times a day, immediately before or after eating.

PREPARED BY
McKESSON & ROBBINS,
Druggists and Pharmacists,
NEW YORK.

Syrup Hypophosphites Lime, Soda and Potassa.
Syrup Sarsaparilla with Iodide of Calcium.

Syrup Lacto Phosphate of Iron.
Syrup Lacto-Phosphates Lime and Soda

Syrup Hypophosphite Iron.
Syrup Hypophosphites Lime and Soda.

Sold in 4 oz., 1 lb. and 5 lb. bottles.

being obtained, the end of the tube beyond the ball is introduced into it. The operator with one hand pinching the india-rubber tube somewhere between the ball and the patient's mouth, with the other hand compresses the elastic ball, and thus forces out some of the air contained in it, which bubbles up through the water into the jug. When this has been repeated two or three times, all the air is forced out, and the ball becomes filled with water. If the jug be now raised a foot or two above the patient's stomach, and the pinching of the tube discontinued, the instrument acts at once as a syphon, and the water flows from the jug in a continuous stream into the patient's stomach. When enough has been introduced, the tube is pinched somewhere between the ball and the patient's mouth, and the flow of water into the stomach is at once stopped, the water being retained in the ball by atmospheric pressure. If the end of the tube be now taken out of the jug, and put into a basin below the level of the patient's stomach, upon the pinching of the tube being discontinued, the contents of the stomach will at once flow out into the basin in a continuous stream, the instrument acting of course again as a syphon, only in a reverse way to that previously. When it is believed that the stomach is nearly empty, the tube is pinched between the ball and the basin, the end of the tube put back into the jug, and the whole thing repeated over again. The object of pinching the tube when the end of it is being shifted from the jug to the basin, and *vice versa*, is of course to retain the water in it by means of atmospheric pressure, thus enabling it to act as a syphon. In case the holes at the end of the stomach-tube become clogged with food, they can be easily freed by pinching the tube between the ball and the jug; compression of the ball will then force out the fluid contained in it, and thus clear the holes. In conclusion I would draw special attention to the low price at which this instrument can be obtained. The great majority of general practitioners do not possess a stomach pump. This is chiefly due to the high price of the instrument hitherto used. This objection being now removed, there can no longer be any excuse for any practitioner being unprovided with an instrument, the want of which may materially tend to lessen the chances of recovery in a case of poisoning.—The price of the instrument is \$2.50.

GUN SHOT WOUND OF THE ABDOMEN.—A case of penetrating pistol-shot wound of the abdomen, the bullet passing per rectum on the fourth day, and the injury followed by rapid recovery, is reported by Dr. Wm. O'Meagher in the *Medical Record* of July 17, 1875. April 25, an able-bodied laborer was shot while under the influence of liquor by one of his companions. Examination showed that the bullet had penetrated and lodged in the abdominal cavity, having entered at the right upper angle of

the umbilical region, corresponding with a portion of the transverse colon, the duodenum, and possibly with the greater curvature of the stomach distended with a hearty meal and fermented liquor. Without delay—no attempts having been made to find the bullet—the wound was cleaned and covered with a cold water dressing and oiled silk. The patient vomited freely, but neither blood nor bullet could be detected in the vomitus. Opiates, ice, etc., were administered, and absolute rest on the back, with the knees flexed, was enjoyed. After a tolerably comfortable night, the next day symptoms of peritonitis set in. On the third day the patient was better. On the fourth day, notwithstanding the free use of opiates, there continued as on the previous day a desire to evacuate the bowels, and after a dose of castor-oil a bullet was found in one of the dejections. Recovery was uninterrupted by any untoward symptom. In nine days the wound was entirely healed. The bullet, a part of a patent cartridge, weighed only forty grains. Dr. O'Meagher attributes the favorable termination of the case to the following conditions: the smallness of the missile, the early closure of the wound, the entire absence of attempts to find the bullet by probing, abstinence from food and drink except in small quantities, absolute rest, and a good constitution. The reporter finds but few similar cases on record—two by Heenen and one by McLeod.—*Boston Medical and Surgical Journal*.

[A case exactly similar is reported in the CANADA LANCET Vol. V, page 112.—ED.]

LEGIBLE WRITING IN PRESCRIPTIONS.—At the annual meeting of the American Pharmaceutical Association at Boston on the 17th of Sept., Mr. T. R. Baker, of Va., presented an extract from the minutes of the Richmond Pharmaceutical Association, Nov. 20, 1874, embracing resolutions to be presented to the Academy of Medicine of that city, urging the importance of writing prescriptions in a legible hand, without erasures or interlineations; of using the technical language and abbreviations of the Pharmacopœia and the United States Dispensatory; of writing directions for use and dose as a guide to the dispenser in case of error in quantity of any active ingredient; that when an unusual dose or quantity of a patent medicine is prescribed, the prescriber should affix a caution mark or sign to inform the dispenser the dose is unusual; that the words "not renewable" should be written on prescriptions which they did not desire to be renewed; also the importance of using every possible means to stop the sale of opium, morphia, and chloral, except upon competent medical authority. A similar communication was received from the delegation of the Philadelphia College of Pharmacy, and both papers were referred to a committee appointed by the chair.—*Med. Record*.

an ordinary eye will perhaps declare them of equal size. Now, turn the page upside down, and, without any careful looking, you will see that this difference in size is very much exaggerated; that the real top part of the letters is very much smaller than the bottom.—*Medical Press and Circular.*

OVARIOTOMY, AND ITS AFTER TREATMENT.

BY PROF. CHADWICK, HARVARD MED. SCHOOL.

In April, 1874, Mrs. X., thirty-two years old, came under my treatment for an abdominal enlargement of four years' duration. I made a doubtful diagnosis of an ovarian cyst, but advised against an operation for its removal, in deference to the humane dictum of Spencer Wells, that we have no right to subject a patient to the risk of such a measure until either her sufferings are so great as to render life no longer desired, or the rapid failure of health and strength makes it evident that longer delay will render speedy death inevitable, even without an operation. It is also undoubtedly true, as maintained by the same writer, that the chances of a successful operation are greater after the tumor has reached such a size as to press forcibly on the surrounding parts, whereby with every movement the peritoneum is exposed to a friction that gradually modifies its texture, rendering it callous and less prone to take on inflammatory action. I saw my patient from time to time during the year succeeding the first interview, and by treating various symptoms as they appeared was able to give her comparative comfort during that period.

Toward the end of February, 1875, Mrs. X. told me her pain was so constant and harassing that she must have relief at any cost. She was at times much more distended than at others, and was often kept awake all night by distressing dyspnoea. Her abdomen now measured forty-six inches at the umbilicus. The symptoms were evidently due in great measure to ascitic fluid, which, together with very fat abdominal walls, masked the nature of the tumor. Still more doubt was thrown on the diagnosis by the history of an attack of jaundice and "liver complaint" just prior to the discovery of the tumor, and by the presence of menorrhagia for several years. Examination showed pretty conclusively that the liver was not the seat of the growth, and a fibroid of the uterus was at length excluded by means of a procedure which I have reason to think is new. The uterus was found to be retroverted, the cervix moveable, but the fundus held firmly. The tumor could not be reached per vaginam, and no direct impulse or wave of fluctuation could be transmitted from the epigastric

region to the uterus owing to the amount of ascitic fluid intervening between the abdominal walls and the uppermost part of the tumor. The uterine sound was of no avail. In this dilemma I placed the patient in the knee-elbow posture, with the idea that if the tumor were a fibroid its weight would cause it to sink in the ascitic fluid until it rested on the abdominal walls; in this position I should be able to obtain by palpation some information as to the character of its surface, could at the same time send a direct forcible impulse to the uterus, but, more especially, could derive some indications from the change in the shape of the vagina and its relations to the cervix uteri. I argued that if the tumor were a fibroid, continuous with or closely attached to the uterus, its weight, dragging upon the vagina by means of the cervix, would cause the vagina to be drawn out into a long funnel, at the end of which would be the cervix, not projecting as before, but so retracted as to be almost level with the surface of the vagina. A thin-walled ovarian cyst, on the other hand, would be scarcely heavier than the ascitic fluid; it would consequently not change its position materially on change of the patient's posture, its slight amount of traction would not bear upon the uterus alone, but would be distributed throughout the broad ligament, from which its pedicle would chiefly spring; as a consequence of these conditions, the vagina would be less distorted and the prominence of the cervix be less modified; in addition, the impulse from above would not be forcibly transmitted to the uterus, and the surface of the tumor would not become accessible to palpation. Two contingencies might nullify the inferences to be drawn from these indications; the presence of pelvic adhesions, and a partially solid character of an ovarian tumor. But adhesions are known to be rare with fibroid tumors, and, as far as my experience goes, the more solid portion of multilocular ovarian cysts is generally situated in the pelvis and easily accessible. This method is of course only applicable to small and medium-sized tumors surrounded by considerable ascitic fluid. Governed by the above considerations I diagnosed an ovarian cyst, probably unilocular, free from adhesions, and with no solid part, but surrounded by a varying amount of ascitic fluid.

Ether was given, and the tumor removed on March 6, 1875, extreme care to avert the possibility of infection and to secure every hygienic advantage was observed.¹

The correctness of the diagnosis was verified; there was less ascitic fluid than was expected, but I had been seeking to promote its absorption for several days by the administration of a saturated solution of chlorate of potash. The abdominal walls were fully three inches thick; an incision four

¹ Boston Medical and Surgical Journal, xcii. 397, April, 8, 1875.

inches long was made in the median line; the pedicle was very short, but a Well's clamp was applied without difficulty, and the incision was closed with silk sutures. It was found impossible to cleanse the peritoneal cavity completely, for a pinkish serum was seen to ooze from every part of the peritoneum as fast as it was wiped away. Two gallons of fluid were in the cyst. The total weight of the tumor was eighteen pounds.

The recovery from ether was speedy and unattended by vomiting. Morphine to the extent of a grain was required to relieve the pain apparently due to the traction on the pedicle. Three hours after the operation the patient was dozing, so that I ventured to leave her in charge of the nurse for half an hour. On my return, however, I found her in a state of profound collapse, almost pulseless, scarcely breathing, blue, and clammy. Brandy and heat had already proved ineffectual to arouse the vital forces. I immediately removed the dressings from the wound, and, finding the abdomen considerably distended, took out nearly all the sutures, broke up the agglutinations, and allowed much serum to escape; on search, no effusion of blood was discovered in the peritoneal cavity. The patient revived at once. The pedicle seemed so tense that, before re-closing the incision, I tied it firmly below the clamp, removed this, and dropped the pedicle in Douglas's pouch. A similar sudden revival from imminent death was observed in 1867 by Koeberlé, who, during an acute peritonitis subsequent to ovariectomy, made an incision into the right flank, where dulness was detected, and allowed a large accumulation of pinkish serum to escape. The patient rallied at once and made a good recovery.

During the three following days the patient's condition, if not altogether satisfactory, was certainly not alarming. She was kept on a light diet for thirty-six hours, and then stimulated moderately. On the second day there was considerable vomiting, with slight tenderness and distention of the abdomen; she was very fretful and intolerant of restraint, kept her legs in constant motion and frequently snifted her body about on the bed. The pulse ranged from 110 to 130, and the temperature from 99° to 102° F. In the afternoon of the fourth day the pulse fell to 110 and the temperature to 100.5°; enemata had at length brought flatus from the rectum, the tongue had become moist, and the wound began to suppurate in a healthy way. Toward night, however, without any increase in the abdominal tenderness or other indication of peritonitis, the symptoms became ominous. On the next morning, abdominal distention was so great as seriously to impede respiration; no wind escaped either by mouth or by rectum. I summoned Dr. J. J. Putnam to try the efficacy of galvanism in exciting peristaltic action, but his efforts were unavailing, and I was obliged to punc-

ture the intestines, through the abdominal walls, with a fine trocar. Much gas escaped through the canula, with immense relief to the respiration. The patient continued to sink, however, in spite of constant stimulation by means of brandy and beef-tea enemata, brandy and a solution of quinine subcutaneously, and she died on the fifth day.

A complete autopsy was not made, but Dr. E. G. Cutler examined the peritoneal cavity in my presence. We found evidences of recent peritonitis, limited, however, to the neighborhood of the abdominal incision.

In view of the mildness of the symptoms after the operation, and the limited extent of the peritonic inflammation found at the autopsy, I was at a loss to explain the cause of death in one so well-nourished and of so good constitution as my patient appeared to be. A week after the patient's death, however, it was reported to me on unquestionable authority, that for three years she had been in the habit of a free indulgence in spirituous liquors, frequently imbibing from one to three pints of rum in a day, though never intoxicated. * * *

In conclusion, he says:—In connection with the puncturing of the intestines with the aspirator to relieve the flatulence, it seems to me that another indication may be met by injecting brandy, beef-tea, etc., through the canula into the small or large intestine, after the gas has escaped. By this means a patient's strength might be sustained when nothing could be retained in the stomach, and absorption by the rectum was too slow to meet the demands of the system. In this way fluids could be introduced in considerable quantities into that part of the alimentary canal from which they would be most readily absorbed. If the use of the trocar is as harmless as is asserted by those who have tried it, I see no reason why the intestines should not be repeatedly tapped for the injection of nutritious and stimulant fluids in many desperate conditions and diseases, when the other resources of medical art have failed. In such a case as mine, I believe that there would have been no other means of introducing enough alcohol to carry her through the depressing effect of such an operation, had her habits been made known to me during life. Might not peristaltic action also have been excited by the same measure, and thus a second advantage have been derived from this procedure? In case of fecal impaction, may not the hard, scybalous masses be softened and broken up by the injection of different fluids into their midst, when enemata and purges have proved powerless?—*Boston Med. and Surg. Journal.*

Mr. Bryant has been appointed Lecturer on Surgery in Guy's Hospital, in place of Mr. John Birkett, resigned.

TREATMENT OF DISEASE OF THE HIP-JOINT BY INCISIONS.

On January 5th. 1874, I was called to see a child named H—, aged eleven years. The left leg was two inches shorter than the right; there was no swelling, but flattening of the left hip. Pulse quick and thready; profuse perspirations; loss of appetite; constant vomiting; and great emaciation. The pain in the left hip and knee was so severe that she would not allow anyone to approach the bed for fear of their touching the clothes, and could not bear the least movement of the limb.

I told the mother that I could give her child immediate relief from pain by laying open the hip-joint—an operation I had performed several times with complete success; at the same time, as I believed I was the only surgeon in the habit of adopting this mode of treatment, I should wish her to ascertain the truth of my statement, and referred her to the parents of two children upon whom I had operated under similar circumstances. If she desired me to attend the child she was to let me know.

Jan. 6th.—I received a message stating that “she placed the child under my care; I must do what I thought best.”

7th.—With the assistance of Dr. Vandin, I made an incision about four inches long, on the upper and posterior edge of the trochanter, cut down into the joint, and freely divided the capsular ligament. The upper and outer edge of the acetabulum was in a state of caries; the head of the femur seemed sound. I passed a pledget of lint dipped in oil into the joint, filled up the wound with lint, and gave her an opiate.

8th.—The child has passed a quiet night; slept well; no perspiration; a little smarting pain in the wound, but can bear the limb moved. I had great difficulty in persuading her to allow me to touch it on account of the great pain she has hitherto suffered.

9th.—On removing the bandage the pledget of lint came away. The discharge was slight, but very offensive, that of necrosed bone. I ordered her tonics and nourishing diet. In a few days sleep returned, the vomiting and perspirations ceased, but the appetite was very delicate for some time. In a fortnight she was able to be removed without pain to the sofa.

I kept the wound open by introducing a piece of lint dipped in a solution of sulphate of copper and then dried.

In a few months the offensive odour of the discharge had completely disappeared, and she was able to move about on crutches. I still kept the wound open.

Jan. 5th, 1875.—The child is now quite strong, healthy and plump. The limb is about an inch shorter than the other; she can bear her weight on it, walks very well with crutches, wearing a high-heeled and toed boot.

I consider early incision into diseased hip-joints the treatment of common sense. When the bone is diseased a quantity of acrid matter is collected in the acetabulum, the head of the femur becomes dislocated, and the tension of the capsular ligament produces intense pain in the hip and knee. This is not occasioned by the pressure of the head of the femur in its new position, as the suffering vanishes when the joint is opened. I have always found that after opening a joint with caries of the bone the healing process commences in a fortnight or a month. I cannot understand the objection of many surgeons to laying open diseased joints; it is more requisite than in a common abscess. In the latter the matter soon finds an exit, but in joints the acrid fluid is pent up, and seldom points until the whole surface of the bone is diseased.

In the year 1849 I first tried this treatment in the Nottingham Hospital; it was so satisfactory that in 1850 I operated on two private patients with equal success. On account of ill-health, I sent in my resignation as surgeon to the hospital, came to Jersey, and did not practice for some time. I have operated eight times in Jersey, and in two cases, aged eleven and thirty-nine, have after the operation succeeded in reducing the dislocations, effecting a complete cure, the patients being able to walk as well as ever.

I have been present at a great many operations for excision of the joints, and I firmly believe that were incision of the joints performed at an early stage in the disease such operations would never be required. Were it for nothing else but the immediate relief of pain produced by incision, I should recommend its adoption.—*Dr. Attenburrow, Lancet.*

Medical Items and News.

HEART DISEASES.—TREATMENT.—Dr. J. Milner Fothergill (*London Lancet*) concludes an article on the treatment of diseases of the heart by the following:

(1) It is of the utmost importance, during primary disease of the heart, to reduce its action to a minimum. Hence only easy labor must be attempted. Rest in bed is often desirable.

(2) When dropsy is present, much relief can often be afforded by unloading the distended venous system.

(3) In all cases, the heart should be acted upon directly by agents which increase the vigor of the ventricular contractions, of which digitalis is chief. In properly selected cases this agent may be given uninterruptedly for years without any so-called cumulative action.

(4) The nutrition of the heart should be maintained by good food and iron, etc. Improvement in the general condition facilitates the action of the special remedies.—*Detroit Medical Review and Pharmacy.*

ON EXTRACTION OF CATARACT BY A MEDIAN SECTION THROUGH THE CORNEA.—The editor of *La Cronaca Oftalmologica*, of April 12, gives a short account of a method of operation which has been practiced since 1869 by his fellow-countryman, Dr. Vicente Chiralt, for the extraction of cataract, and with very marked success. The operation consists of three stages, the first and most important of them being, the cutting a section transversely across the cornea at the junction of the middle with the lower third, by means of a Von Graeffe's knife, which is entered at the sclero-corneal margin and is passed rapidly across the anterior chamber, and made to emerge on the opposite and corresponding point. No iridectomy is performed, and chloroform is considered unnecessary. The capsule is opened in the usual way as the second stage of the operation, and the lens is generally removed without difficulty with the aid of slight pressure upon the upper lid, assisted by Von Graeffe's elastic spoon.

Dr. Chiralt considers the operation a complete success when the patient can read No. IV. Snellen; moderately successful when some letter larger than No. IV. is read; and unsuccessful when the largest types only can be read. When measured in this way, his results may be thus stated:—

Good when the patient could read S. I. V. . . .	73
Moderate “ “ “ “ some larger type 7	
Bad, “ “ “ “ only S.C. or C.C. 5	

The editor admits the similarity of this operation to that proposed and practised by Le Brun; but he claims for Dr. Chiralt the priority of its performance.—*London Medical Record*, June 23, 1875.

DEATH OF PROFESSOR BENNETT OF EDINBURGH.—Dr. John Hughes Bennet, F.R.S., Elate Professor of the Institutes of Medicine at Edinburgh University, died on Saturday the 25th Sept. He was in his 63rd year, having been born in London in 1812, and was educated at the Exeter Grammar School. His career had been a great success throughout; he obtained in 1837 one of the greatest honours the Edinburgh University can confer on students of medicine, viz: the gold medal for the best surgical report; and was at the same time commended by Sir C. Bell for his report on the brain. The next four years of his life he spent on the Continent studying, and on his return to Edinburgh published his famous work on cod-liver oil, and also gave a course of lectures on histology, which attracted a good deal of attention. From that time his name has been continually before the public, as he held several distinguished posts. His best known work is his “Clinical Medicine,” which has had a great sale both here and in America. He had a high reputation on the Continent, and belonged to many of the learned societies of Europe.

THE INFLUENCE OF THE USE OF WIND INSTRUMENTS ON CHEST AFFECTIONS.—Dr. Burg, a French physician, has published a little book in which he endeavors to controvert, by reference to his own observations and personal experience, the notion commonly entertained that the use of wind instruments is injurious to individuals characterized by pectoral weakness. He remarks: “Many philanthropists, on seeing our young military musicians wield enormous wind instruments, have sorrowed over the few years the poor fellows have to live. Well, they are mistaken. All the men whose business it is to try the wind instruments made at various factories before sending them off for sale, are, without exception, free from pulmonary affections. I have known many who, on entering on this calling, were very delicate, and who, nevertheless, though their duty obliged them to blow for hours together, enjoyed perfect health after a certain time. I am myself an instance of this. My mother died of consumption; eight children fell victims to the same disease, and only three of us survive—and we all three play wind instruments. The day is not far distant, perhaps, when physicians will have recourse to our dreaded art in order to conquer pulmonary diseases.—*Southern Medical Record*.”

SALICIN IN DIARRHOEA.—The July number of the *Detroit Rev.* opens with an article by Dr. J. C. Bishop on the “Comparative Value of Opium and Salicin in Diarrhoea and Dysentery.” In a great number of cases Dr. B. has had the best effects from salicin after a total failure of opium, and he gives some cases of other medical men in confirmation of his own. He sums up with the expression of his belief that salicin, as a remedy in intestinal cases, is preferable to opium, for the following reasons:—“1st. Salicin is perfectly harmless, even when administered to very young children; opium is not so. 2nd. Salicin increases the appetite and promotes digestion; opium destroys the former and retards the latter, 3rd. Salicin may be administered to the most delicate stomach without any ill sequences, while opium is absolutely contraindicated in many persons, who possess a peculiar susceptibility to its action. 4th. Salicin has no appreciable effect upon the brain, while opium induces a hyperæmia of that organ. 5th. Salicin possesses valuable antiseptic properties, while opium, if it possess any, does so in a very feeble degree. 6th. Salicin is an antiperiodic, while opium has no notable effects in that direction. 7th. Salicin prevents the putrefactive changes in the contents of the bowel; opium does not.”—*The Doctor*.

Dr. William B. Atkinson, who has laboured zealously for many years as Permanent Secretary of the American Medical Association, was at the last meeting presented a bonus of \$750, in recognition of his valuable services.

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 BALLIERE TINDALL & COX, 20 King William street, Strand, London, England

TORONTO, NOV. 1, 1875.

CLINICAL TEACHING.

The recent opening of the Medical schools of this city, may be considered a fit occasion for a few remarks on the importance of clinical, as contrasted with mere didactic teaching, and for a word of caution to the students not to direct their attention solely to acute diseases, whose courses are well marked, but to investigate also chronic cases, which they will find, when they commence practice, of far more frequent occurrence than the former. The ordinary method of clinical teaching pursued in most hospitals is to allot to the clinical clerks the duty of taking down the cases which are read aloud at the bedside by the physician, and then the interrogatories, remarks and treatment are given in a voice sufficiently loud for the crowd of students to hear, though they may possibly not be able to see the case. Those most worthy of note are subsequently made the theme of a clinical lecture in the class-room of the school or hospital. The late Dr. Graves, of Dublin, thus comments upon this system:—"The chief objection to this mode of teaching is, that however well inclined the student may be, he is never obliged to exercise his own judgment in distinguishing diseases, and has no opportunity of trying his skill in their cure; and consequently at the end of his studies he is perhaps well grounded in the accessory sciences—is a perfect medical logician—able to arrange the names of diseases in their classes, orders, and different subdivisions; he may be master of the most difficult theories of modern physiologists; he may have heard, seen, and, if a member of a medical society he may also have talked a great deal; but, at the end of all this preparation, what is he when he becomes a full doctor? a practitioner who has

never practised. In France, no reports at the bedside are dictated to the clerks. Monsieur Jaccoud, clinical Professor of the Hospital "La Charité," may probably be cited as the most eminent teacher since the death of Trousseau. From his work, "Lecons de Clinique Medicale," we quote and translate such passages as are peculiarly pertinent to the subject under discussion. "Clinical Science may be defined, the art of examining patients and of appreciating their condition from the triple point of view of diagnosis, prognosis, and treatment. From thence for clinical teaching a double obligation arises from which there can be no departure without incompleteness and failure to accomplish the end required. The lessons in which are exposed the particular history of the patient in order to educe the most important features of the case, have a real utility, and certainly it is not I who would gainsay it, but I tell you frankly, that alone, will not suffice. Listen for years to lessons of this kind, and I refer to lessons as perfect as it is possible to conceive, and after this lapse of time we will take it for granted that you have become more instructed, but you will be no more practitioners than the first day of your attendance. The reason, is, that in a teaching thus limited, the pupil plays only the rôle of a spectator. He perceives the teacher draw from his knowledge the means for combating the difficulties of each new case; he perceives him resolve by science and acquired experience, the problem that each patient presents to the sagacity of the physician; but the method and the intellectual work by which the problem is solved escape him completely, because he does not experience himself the difficulties. In a word he sees the medical art practised, but he is not accustomed to practise it himself; he sees the work done, but he does nothing. Now the art of examining patients, of establishing and appreciating the symptoms they present is altogether a personal affair. The examination is controlled by precise rules it is true; but the knowledge of these rules which are of absolute necessity, will not suffice. You must practise yourselves. You must (permit me the expression) handle and attend a great number of patients, and arrive thus by daily exercise not only to the establishing of a diagnosis and prognosis but also to the formulating of treatment in all its details. Reflect that if you neglect this practical education you go forth as physicians insuf-

ficiently armed and not without peril to the patient. Do not expose yourselves in lightness of heart to a danger of this kind. Do not limit yourselves to the rôle of listeners, but impose on yourselves the obligation of examining patients every day."

Adverting to the German clinique, there is one clinical hospital for the treatment of acute diseases, and another for chronic, while a clinical dispensary is devoted to the care of extern patients. The pupils are divided into two classes. The more advanced who get the care of patients, and the junior students who merely look on and listen. When a patient is admitted, his case is assigned to one of the practising pupils, who when the physician is visiting the ward, reads out the notes he has taken of the patient's disease, including its origin, progress, and present state. This is done at the bedside of the patient, and before he leaves the ward the physician satisfies himself whether all the necessary particulars have been accurately reported by the pupil. After all the patients have thus been accurately examined, the professor and his class proceed to the lecture-room, and a list of the patients and the practising pupils, is handed to the professor; the cases admitted that day are first enquired into, and the pupils, are examined concerning the nature of their diseases, their probable termination, and the most appropriate method of treatment, each student answering only concerning the patients entrusted to his special care. During this examination, the pupil's diagnosis and proposed remedies are submitted to the consideration of the professor, who corrects whatever appears erroneous in either, and then the student retires to write his prescriptions, while the rest of the cases and pupils undergo a similar examination. At the conclusion, the prescriptions written by the students are read out in order by the Professor, who strictly comments on, and corrects any inaccuracy or inelegance they may contain. When the prescriptions have been revised and corrected they are signed by the physician and handed to the apothecary to be made up and distributed. In this country, where Hospital physicians and surgeons are not paid by the State for their attendance, it would be unreasonable to expect them to devote the time, such a minute and comprehensive system of practical teaching involves. Some of the details however might be adopted, and the lesson inculcated on the student that laying aside all questions of doctrine, he should at

the bed-side endeavour to recognize by the procedures of practical medicine, what is the actual disease, and seek in the manner in which the patient is affected the positive indications of an appropriate therapeutic management.

LACTIC ACID AND ITS USES.

Lactic acid, chemically represented by the formula ($C_3H_6O_3$), is produced whenever milk, and (as one authority has it) perhaps most animal fluids become spontaneously sour. Other saccharine and amylaceous substances, notably the juice of the beet, yield lactic acid by fermentation. It is sometimes also found in the urine. A variety of lactic acid (called sarco-lactic acid) has been produced from fish. When this acid is formed the sugar of milk has disappeared. The principal preparations or salts of this acid are lactate of calcium, produced in the chemical decomposition whereby the acid of commerce is produced—not used in medicine—and the lactate of iron, a mild chalybeate, in much favor with some in the treatment of chlorosis and anemic amenorrhœa; its dose is two to five grains in syrup or lozenge, repeated at short intervals to the extent of $\mathfrak{D}j$ to $\mathfrak{J}j$ a day. It is resorted to, in cases of extreme debility with great delicacy of the digestive organs.

Lactic acid has not been very extensively used in medicine, but where brought into requisition, it has not disappointed its advocates. Being a natural acid of the stomach, it was suggested by Magendie as an appropriate remedy in dyspepsia, and simple debility of the digestive organs. In such cases it acts well in combination with pepsine. It has been administered for the removal of phosphatic deposits in the urine, and is prescribed by some physicians in diabetes, but after a time it loses its efficacy.

Mixed with water and sugar it forms an agreeable drink, and in this form is sometimes given as a cooling beverage in inflammatory affections, and in affections of the lungs and scurvy. The dose of the pure (oily) acid is usually given as from $\mathfrak{J}j$ to $\mathfrak{J}iv$ per diem in divided doses, or as a sort of lemonade with the food at meal time.

It is held in high estimation by some (notably M. Robing, of Paris) as an agent for the removal of accumulating detritus in the system, and has been supposed to possess a resolvent power over

atheromatous deposits in the arteries and valves of the heart, and in arthritic affections. It is with reference to its value as an agent for the prevention and removal of accumulating detritus that we have brought it under notice.

That many diseases are dependent upon and entirely due to the retention and accumulation of waste materials in the system is a fact too well established to admit of dispute; but it is not so clear what remedy may be most advantageously selected for their prevention or removal. Under this general head we class rheumatism, gout, premature senility, arthritic, and other deposits, and some chronic affections. It seems clear that life may be considered as a process of combustion, and this becomes quickened under certain conditions of the system, as under excitement, great exertion, fevers, inflammations, &c., &c., and observation has shown that under these circumstances the amount of waste material carried out of the system by the excreting organs, is largely in excess of the normal or average quantity, and if retained is correspondingly perilous to life or health.

To remove the detritus of the ordinary wear and tear of the system, as well as under circumstances indicating its accumulation, lactic acid should be administered in some form or other, either in its purity, as when a case of Bright's disease, diabetes, excessive phosphatic deposit or gout presented itself, or in ordinary cases in the form of sour milk or buttermilk, both of which abound in lactic acid, and may be relied upon as articles of diet to sustain life.

Dr. Donkin has given, in Bright's disease and other affections, six or seven pints of skimmed milk daily, for weeks together without any other food (Hartshorne). An exclusive diet of *skimmed milk*, introduced by Dr. Karel, of St. Petersburg, has, within the past few years, become popular in Russia in the treatment of dyspepsia and it has been favourably reported on by some Philadelphia physicians, especially S. Weir Mitchell, in obstinate disorders of the stomach, beginning with two tablespoonfuls of milk every two hours during the day, and increasing until two pints daily can be taken without inconvenience. Experience proves that the use of milk diet is the first consideration in the treatment of dyspepsia, and the form in which it is to be used is entirely dependent upon the form of the disease. For example, in irritative dys-

pepsia the use of fresh milk seems most desirable but, in the fermentive form, in which there is much acidity, the sour milk possesses a decided advantage, while an acid stomach with instability, seems best relieved by the use of fresh buttermilk in moderate quantity.

In rheumatism, and **gout**, two diseases almost entirely dependent upon retained excretion for their causation, the free use of buttermilk is of the most signal service, and if estimated as its merits deserve, would enter into the diet of our rural population much more largely than it does, thereby preventing much of the premature decline in health and activity which is everywhere to be observed. What alcohol in its various forms, when used as a beverage does, by promoting retention and accumulation of waste materials or detritus in the system, this directly undoes. Where opportunity offers, therefore, wisdom would suggest the recommendation of lactic acid (either pure or in sour milk) as a prominent feature of the treatment. To the poor its cheapness recommends it. Yet, however, while not disposed to attribute to this agent too great sanitary power, we think it deserving of a much more liberal use than hitherto, feeling confident that in this as in many other instances, we have an evidence of the fact that a beneficent Creator has given us in various natural productions the best remedial agents and preventions against disease. If sanitarians would study more carefully and thoughtfully, the sanitary laws given by God to the Jews and contained in Leviticus, and would as scrupulously observe them as the moral law given to the same people, life would be relieved of much of its suffering and burdens, and death of much of its uncertainty and terrors.

MEDICAL JOURNALISM.

In the New York *Medical Record* of Oct. 16th, is an able article on the subject of "Medical progress in America," in which the writer makes the following very apposite remarks in regard to medical journalism in America. "The progress of medical journalism has of late been quite decided. It is true that numbers of journals have come into existence only to die, but this can hardly be laid to the blame of any lack of appreciation of the merits of journalism *per se*. The general explana

tion of this fact is, that those periodicals which failed were unworthy of success. There were never too many journals, but too few good ones. We believe the mistake has been in having too many periodicals which have been the organs of local influence. This has had a tendency not only to reflect discreditably upon legitimate journalism, but to rob it of much of the support and influence which was its due. * * * There is no lack of contributions to medical literature throughout the country; in fact, for reasons already stated they are increasing every year; neither is there such a lack of appreciative readers to explain why medical journalism does not succeed better. But a great deal of the support to current medical literature runs to waste. Very many of the small and local journals are accountable for this. A college or a society organization feels that the interests of general medicine demand that it shall have an organ, and this being concluded, as a matter of course this organ must be supported pecuniarily, and by literary contributions. As few outside the influence of the particular clique who publish the journal feel any interest in the success of the undertaking, the whole support necessarily falls on a comparatively few. As a natural consequence the journal fails; all the labor goes for nothing; all the papers specially written for the periodical drift into the oblivion of the rag-shop; the publishers are discouraged; the editor disgusted, and all who have been directly or indirectly interested in the undertaking are too willing to admit that the profession is behind the times, and has no appreciation of medical literature. These enterprises have, undoubtedly, a very bad effect upon real progress. How much better would the true interests of medicine be subserved by transferring all such supports to well-established metropolitan journals. Instead of having really valuable papers buried with the periodical in which they appear, they could have a large audience and be preserved among the permanent records of our profession, doing good to all." We fully concur in the remarks of the writer in the paragraph above quoted. The greatest injury that can befall medical journalism is the establishment of a number of journals each depending upon a certain school or clique for its support. In our own country we are not entirely free from these defects. We regretted very much at the time, and still re-

gret the circumstances which led to the establishment of two medical journals in Montreal, when, at the same time, one had scarcely sufficient circulation to make it remunerative to its projectors. The result has been in a measure to weaken the influence of both, and to make them more or less a burden upon those who are responsible for their regular appearance every month. In fact, they sometimes fail to appear for months together. How much better it would have been to have had one good live journal, with funds and material enough to keep it regularly before the profession. It is also a very expensive matter to conduct a medical journal properly, as we have found to our cost. *One hundred and twenty* dollars per month is about the cost of printing and issuing a journal the size of the LANCET, and when it is remembered that this amount has to be made up every month from small sums of *three* dollars each from one and another among a lot of dilatory subscribers, some idea may be formed of the trials and difficulties of the proprietor of a medical journal—even under the most favorable circumstances. One good journal, well sustained, is much better in the interests of the profession than half a dozen sickly periodicals scarcely able to maintain an existence.

THE MEDICAL PROFESSION AND PARTY POLITICS.

It is rare to find medical men giving active attention to political matters. The profession of medicine is of so absorbing a character that its votaries have not the time even if they had the relish—which as a general thing they have not—for engaging in the strife of political contention. The political arena has been almost entirely abandoned by the medical profession, and the field almost as entirely taken up by the lawyers,—the doctors remaining passive, though philosophical and critical spectators of political manoeuvres. This habit is common to other countries as well as our own, so that it may be concluded that the kind of mind which naturally selects the profession of medicine in preference to that of law, is a mind enamored of physical and biological science, and of a quieter and less showy turn, than that which seeks to display its power of oratory in the court room, or to win applause on the political platform; and, therefore, as the medical student

grows into the medical man, neither inclination nor opportunities favor his engaging in the sphere of politics. It thus happens that the medical man is less of a partizan than is the lawyer; and being less of a partizan he is presumed to exercise among his fellow-man less political influence. In this way our profession wields the comparatively light political favor that it does, while by the operation of different causes and under other circumstances a preponderance of political influence gets into the hands of the lawyers. It happens also that the path of legal preferment is strewn by offices and appointments in the gift of government, while the offices to be filled by medical men are few in number and are not well paid. We have nothing to set off in comparison with the official rewards that fall to the lawyer, and thus there is a want of that incentive to political aspirations which justify the lawyer in entering upon politics as a matter of profit and as a business which in due course of time can be made to pay.

Owing in some part to the political influence wielded by the lawyers; but due as well to the limited and localized application of legal studies and the universal application of medical knowledge and surgical skill, there is in Canada more provincialism as regards the profession of medicine than that of law. The day has gone by when a Canadian government would send to England for a barrister that he might be made a judge in the country; but the day seems not to have yet arrived, when for any office to be filled by medical men the selection would be made from amongst the resident practitioners of the country. It would be more gratifying to the members of the medical profession in Canada, were they made to feel assured that the few rewards of office which are in the gift of the government should be reserved for them, and that this was done, not on the low ground of currying for political support, but as a simple act of justice, or devised to operate as an incentive to the attainment of professional distinction.

When it is seen, that medical men for a presumed lack of political influence are set at naught, the politicians and journalists who back up this sort of thing, unintentionally, but plainly say to the medical profession of this country that the time has come when they must exercise whatever political influence they can command. And in

truth there has occurred throughout the length of Ontario a sudden and decided revulsion of feeling among medical men. Our profession has been scurvily treated by the Provincial Government; it has been scurrilously slandered by political newspaper organs; and the effect has been to rouse the medical mind to a degree of energetic antagonism the like of which has not been known for many years past. In the course of a long experience we never knew a time when the combination of circumstances affecting the medical profession in this Province offered a more tempting bait to the astute political manager than does the present situation. Medical men are now to be found merging their old political creeds and preferences and standing up as one man against the insults offered to their profession. This feeling cannot last long without having its influence on the complexion of parties; for although they do not always choose to exert it, medical men have, nevertheless, the power of exerting a quiet, effective, and wide-spread influence among the people. And when it comes to be required that that they must exert this quiet but telling influence, for the sake of their profession, and the cultivation of political honor and decency, assuredly medical men will assert themselves. That day seems to have at length arrived; and there is arising out of natural causes a stronger disposition to make the moral weight and influence of the profession tell politically than there would otherwise be from habit and disposition, were it not for the grievances suffered from a negligent government and the opprobrium cast by a low order of political journalists. That the offending politicians and journalists, have made a serious mistake in their own political interests, by thus wounding the professional pride of our medical men, will soon become quite evident.

THE DAVIS ABORTION CASE.

This interesting trial has been brought to a close, and a verdict of guilty brought against both Davis and his wife, of the murder of Jane Gilmour. The chain of circumstantial evidence was most complete, not a link apparently wanting. The trial lasted three days, and even the prisoners could not say that they did not get fair play. There may have been some slight discrepancies in the testimony of

the various witnesses, but nothing of any moment. In regard to the medical testimony, the counsel for the crown rested his case almost entirely upon the witnesses who made the *post mortem* examination of the body, viz., Drs. Wallace and Beatty. This bore heavily against the prisoners. The evidence of Dr. Wallace especially was given in a most satisfactory and intelligent manner, and had great weight with the jury. He described the condition of the uterus, the evidences of violence, and the circumstances which led him to suppose that pregnancy had existed, and that criminal abortion had been produced. The state of decomposition in which the body was found, rendered it impossible for him to have made as accurate an examination as he would have done under other circumstances, such as, for example, the finding of the *placental attachment*, and the presence of the *corpus luteum*. These were the only weak points in the medical evidence for the crown, and they were made the most of by the counsel for the defence. Several medical witnesses were subpoenaed by the counsel for the defence to give their opinion in reference to these points. Their testimony was however of a negative character. The description given by Dr. Wallace of the condition of the parts, in the absence of the placental attachment and the corpus luteum, was not, in their opinion, sufficient to warrant the inference that the girl was pregnant, or that abortion had been produced. This was, however, only a matter of opinion based on the evidence of the witnesses for the crown, and did not seem to have had any weight with the jury, who, after an hour and a half's deliberation brought in (as was to be expected) a verdict of guilty.

MATRICULATION EXAMINATION COLLEGE OF PHYSICIANS AND SURGEONS. ONT.—The following gentlemen successfully passed the Matriculation Examination of this College in October last:—D. Brooke, W. N. Brinnan, B. L. Clemens, W. F. Chappell, J. R. Dryden, J. Edwards, J. B. Howell, W. W. Hall, C. Hamilton, W. E. Hamill, T. D. Keillar, W. Lehman, N. Lindsay, H. W. Lloyd, A. McCollum, J. McGrath, T. J. McCort, J. H. McLellan, J. Piper, D. S. Robertson, J. P. Rankin, S. J. Richardson, J. B. Smith, J. D. Turvill, J. A. Todd, P. Toers, J. F. Thompson, N. J. Tracey, and T. H. Tracey.

In reference to the matriculation examination, we would suggest that a little more time should be allowed the candidates. Three-quarters of an hour, for example, is scarcely sufficient time in which to write out the demonstrations of three propositions in Euclid, and some fail, it is believed, more from this cause than any other. The shortness of time allowed the candidates, arises from the fact that the examiner (the High School master) devotes only the spare hours, before and after school hours, to the examination. It is an old and good maxim, that "whatever is worth doing at all is worth doing well," and therefore we would recommend that a little more time should be given. This important examination should partake more of the character of a University matriculation examination, and should not be subordinated to the convenience of the High School pupils. We believe it is only necessary to refer to this matter, in the way in which we have done, in order to have it rectified. We would also suggest to the Council that the fall examination should be held a little earlier. The applicants at the late examination lost nearly two weeks at the commencement of the session, waiting until the result of the examination was made known.

CAROTID ANEURISM.—Dr. Frothingham, of Ann Arbor, assisted by Dr. McLean, formerly of Kingston, lately tied the common carotid for aneurism of that vessel, the result of a gunshot wound. By a gunpowder explosion a young man was struck by numerous small pieces of glass, one of which passed across the track of the right carotid artery, and divided that vessel to fully three-quarters of its circumference. Considerable hemorrhage followed, and some extravasation of blood into the surrounding tissues, which soon disappeared, but left an aneurism as large as an orange. This enlarged, and became very painful. The wound in the vessel was close to the bifurcation, and the aneurism extended to within a quarter of an inch of the clavicle, so that compression of the artery below was impossible, nor could a ligature be placed on it without rupturing the sac. It was, therefore, treated as a wounded artery, a ligature being applied above and below the opening. Dr. F. first divided the sternal attachment of the sterno-mastoid. The artery was then compressed by the thumb of an assistant, the sac laid open, and the vessel tied above and below the injury. The operation was done on the 9th of Sept. The wound is now healed, and the patient is doing well.

OPENING OF THE TORONTO MEDICAL SCHOOLS.

—The opening exercises of the Toronto School of Medicine which took place on the 4th ult., were held in the form of a *conversazione*. There was a large gathering of the Faculty, students and friends of the school, and a number of ladies. A short address of welcome, followed by a lecture on the "Evidence of Design in Nature," was delivered by Dr. J. H. Richardson, after which a number of songs and instrumental pieces were given by Mrs. Bain, Miss Gooderham, the Misses Symonds, Messrs. Godson, Yates, Pernet and others. Refreshments were also served during the evening.

The Medical Department of the University of Trinity Collège was opened on Friday, the 1st of October. The opening lecture was delivered by Prof. Covernton, and was largely attended by members of the Faculty, University Senate and students. The address, which was a very able and instructive one, was listened to with marked attention, and a cordial vote of thanks, moved by the Provost of Trinity College, and seconded by S. B. Harman, Esq., was presented to the lecturer at the close. It was then announced that Prof. Bethune would, on the following day, at one o'clock, perform the operation of lithotomy at the Toronto General Hospital, and the students were invited to be present. The class was then informed that the regular course of lectures would begin on Monday morning sharp, after which the meeting was brought to a close.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The professional examination of this College began on Tuesday the 28th September. Twenty-three candidates presented themselves for examination, fifteen of whom passed satisfactorily, and eight were rejected. Of the latter, two were sent back for a branch of the regulations established by the Council. The successful candidates are as follows:—Alfred Bray, J. W. Gilbert, (Homœopathic), W. H. Harvey, Adam Lynd, Hugh Bain, William McClure, Alexander McDonnell, William M. Morehouse, Wm. Jno. Wilson, William Caldwell, Duncan McDiarmid, James McDiarmid and John Oscar Prosser. Wm. McFayden and Richard Bentley also passed their primary examination.

UNION MEDICAL ASSOCIATION, MOUNT FOREST.

—A social dinner was held at Coyne's Hotel, Mount Forest, on the 14th of October, under the auspices of the Union Medical Association, which proved an exceedingly agreeable affair. Some fifty

guests, including a large number of ladies, were present. Dr. Cowan, of Harriston, President of the Association, occupied the chair, and Dr. Yeomans, of Mount Forest, the vice-chair. Letters expressing a friendly interest in the purposes of the Association were read from Drs. Canniff, Aikins and Fulton, of Toronto, and other invited guests who were unable to be present. The chairman delivered a short address in explanation of the purposes for which the Union Medical Association had been formed—that of mutual improvement and friendly association. He referred to the necessity for preparatory and continuous study by the medical practitioner, to fit him for appreciating the mysterious workings of the human mechanism, and for providing remedies for the afflictions to which it was naturally subject. He contended that, as a consequence, what was popularly known as free trade in medicine, was fallacious in theory and dangerous in practice. He was glad to see so many guests present; trusted soon to see a similar gathering in Harriston, and concluded by calling upon the vice-chairman to propose the remaining toasts. Speeches were also made by Drs. Yeomans, Eckroyd, Gibson, Jones and Cotton. The proceedings were pleasantly diversified with vocal and instrumental music. At the close of that part of the entertainment, dancing was begun and kept up until a seasonable hour in the morning. The members of the Association are to be congratulated on the success which attended their first social gathering.

APPOINTMENTS.—R. A. Kennedy, Esq., M.D., of Montreal, has been appointed Ass't Surgeon to the Hochelaga Light Infantry. Dr. Kains of St. Thomas, has been appointed House Surgeon to the City Hospital London, Ont., and enters upon his duties on the 1st of January, 1876. Samuel Hudson, Esq., M.D., Shannonville, to be an Associate Coroner for the County of Hastings. Thomas Granville Hockridge, M.D., Newmarket, to be Associate Coroner for the County of York. "Lambton" Battalion of Infantry.—To be Surgeon, from 24th January, 1873, Assistant-Surgeon Archibald McLean, M.D., *vice* Richard Weir, deceased; to be Assistant-Surgeon, Anson Soverall Fraser, Esq., M.D., *vice* McLean, promoted. 74th Battalion of Infantry, New Brunswick.—To be assistant-surgeon, John H. Ryan, Esq., M.D., *vice* George Augusta Harrison, left limits.

HONORS.—R. A. Stevenson Esq., M.D., of Strathroy passed his examination before the Royal College of Surgeons England, and was admitted a member of that body on the 22nd of July last.

THE LATE DR. BEAUMONT.

William R. Beaumont, M.D., F.R.C.S., Eng. was born in London in 1803, and was descended from a family established in England in the beginning of the fourteenth century, and originally French. Having received a liberal education, he at an early age commenced and "most assiduously prosecuted his professional studies at St. Bartholomew's Hospital for a more than ordinary length of time," as testified by Abernethy, whose dressing-pupil he was, and whose esteem he had won—as also that of Sir Astley Cooper, Laurence, Herbert Mayo, Marshall Hall, and others of renown in the medical profession. In Paris he studied Anatomy during ten months under Amussat, who perceived in him for it "*un zele et une aptitude rare.*"

He obtained the License to practise Surgery, and was admitted a Member of the Royal Coll. of Surgeons, London, in Dec., 1826; Fellow of the Royal Med. and Chirug. Society, London in 1836; and was Surgeon to the Islington Dispensary for some years prior to 1840.

Before leaving England he contemplated entering the Army Medical Service, a commission which he expected, at the instance of Abernethy, from Sir James McGrigor, Director-General; but having to wait long for it, owing to some official regulations regarding the appointment of Army Surgeons, it was abandoned. He came to Canada in 1841, accompanied by his friend, Dr. Spear, and soon after obtained, by the Governor-General's warrant, the License to practise in Canada. In 1843, he was appointed to the Professorship of Surgery in the University of King's College, (now the University of Toronto,) which he held for ten years, to the time of the abolition of the Faculty of Medicine, of which he was then Dean. He also delivered Clinical Lectures on Surgery at the Toronto General Hospital, to which he had been appointed not long after coming to Canada—succeeding, in June, 1858, the Hon. Dr. Widmer as Consulting Surgeon, a position which he continued to hold up to the time of his death, though obliged four years before, from loss of sight, to abandon active professional duties.

He was elected Fellow of the Royal Coll. of Surgeons, Eng., in August, 1844; graduated as M.D., at the University of Toronto in November, 1850; and became Member of the *Societe Universelle d'Ophthalmologie*, Paris, in 1861.

In 1870-71, he delivered a course of Lectures on Ophthalmic Surgery, to the Students of the Toronto School of Medicine, besides Clinical Lectures at the Toronto General Hospital. In 1872 he was elected Professor of Surgery in the Medical Faculty of Trinity College, and afterwards Emeritus Professor.

He invented and made for himself several surgical instruments, some of which are of great ingenuity and utility. Among others, one for passing sutures in deep-seated parts (as in the operation for cleft-palate,) which was examined and admired by Brunel, the great engineer, and was reputed by Tiemann, surgical instrument maker, of New York, to have been the origin of the Singer Sewing Machine. An account of it was published in the *Medical Gazette*, Dec. 3, 1836, and in the *Lancet*, 17th March, 1866. With it a continuous chain of stitches can be sewed, though in the operations for which it was invented but one at a time was required. He also invented instruments for tying Polypi; a sliding Iris-forceps; a Speculum; a probe-pointed Lithotomy Knife, and others. He was the author of several essays, of which the following are the most important: "On Treatment of Fracture of the Leg and Fore-Arm by Plaster of Paris," 1831; "on Polypi," 1838; "Case of large Cartilaginous Tumour of the Lower Jaw," 1850, and contributed Clinical Lectures on "Traumatic Carotid Aneurism," *Lancet*, 1854, (Braithwaite's Retrospect, part XXX.) "The several forms of Lithotomy," *Ibid*, 1857; "A deeply penetrating Wound through the Orbit, ($5\frac{1}{2}$ inches deep,) Recovery," *Ibid*, 1862; besides papers on Exostosis of the Scapula, Aneurism of the Femoral Artery, &c. He has made many donations of valuable preparations, casts and instruments to the Museum of the Royal Coll. of Surgeons, Eng., and to other collections. During the Fenian raid in June, 1866, he had charge at Port Colborne, of the Hospital for the wounded. In the winter of 1865 he lost all useful sight of the left eye, from acute inflammation, yet was able to perform operations requiring an unerring hand, among them, that for artificial pupil; but at length the left eye became useless, and the sight of the right affected, and soon after was completely lost, since which time he has lived in retirement with his family about him, and passed quietly away on the 12th of October, 1875, at the age of 72,

admired and respected by all who had the privilege of his acquaintance. He was a man of most amiable disposition, kind, gentle and forbearing, and a surgeon of rare ability. His loss is deeply regretted by all who knew him.

Reports of Societies.

MEDICAL ASSOCIATION COUNTY WATERLOO.

The Waterloo County Medical Association met in the American Hotel, Berlin, on Friday, the 8th Sept.

The attendance was fair from all parts of the country except the south. Dr. Walden, President, occupied the Chair. The principal business done was the discussion of a set of resolutions which finally passed nearly unanimously in the form given below.

Moved by Dr. Wright, of Berlin, seconded by Dr. Lutz, of Elmira, Resolved; that while we the members of the Waterloo Medical Association, deprecate nativism, when assuming any of the objectionable features of what is designated as "Cæsarism," we demand fair play for our profession, at the hands of the Local Government, in cases of public appointments, for which medical men necessarily are selected, feeling assured as we do, that the course pursued by the Cabinet of Mr. Mowat, in these matters, is not characterised by a due regard for the merits and interests of the medical men educated in this Province.

Moved by Dr. Bingham, of Waterloo, seconded by Dr. Peterson, of Linwood, Resolved; that the selection for the superintendency of the Toronto Lunatic Asylum, of Dr. Gowan, a stranger, not only unlicensed, but absolutely unwilling to submit to the ordeal prescribed by the Government, as a test of professional qualification for practice, in this Province, has the aspect of an insult offered the Medical Profession of Ontario; and is, indeed, so regarded by the members of the Waterloo Medical Association, in whose estimation it is an insult as unmerited as it is offensive.

Moved by Dr. Webb, of New Dundee, seconded by Dr. Jackson, of Berlin, Resolved; that copies of the resolutions Nos. 1 and 2, adopted at this meeting of the Waterloo Medical Association, be sent to the members of the Local Legislature representing the County of Waterloo, with

the request that they will, at the earliest convenient opportunity after the meeting of the House, call for all papers and documents in the possession of the Government, or that are otherwise accessible; so as to elicit if possible, the nature and sources of the influences that proved instrumental in securing for Dr. Gowan the appointment as Superintendent of the most important Asylum in the Dominion.

Moved by Dr. Jackson, of Berlin, seconded by Dr. Whiting, of Berlin, Resolved; that the members of the Waterloo Medical Association, sincerely deplore the course pursued by the *Toronto Globe* in reference to "Free Trade" in Medicine, believing as they cannot hesitate to do, that were the suggestions and teachings of that organ, on that question, to be allowed to influence legislation, the effect would be to lower the standard of attainments of the average medical practitioner, and otherwise seriously militate against the interests of education in this Province.

Moved by Dr. Bowlby, of Berlin, seconded by Dr. Vardon, of Hawkesville, Resolved; that the thanks of the Medical Profession of this County are due, and are hereby tendered to that section of the Canadian press, found defending the claims of Medical education; a section which, it is gratifying to the members of this Association to know, embraces an overwhelming majority of the journals published in Canada, a fact as creditable to Canadian journalism as it is flattering to the future of the country.

Moved by Dr. Wright, of Berlin, seconded by Dr. Whiting, of Berlin, Resolved; that the appointment of medical examiners by the Medical Council from among themselves, inasmuch as it is admitted to tend to the production of wire-pulling among the members of that body, indeed to have actually produced that result, ought not to be tolerated or encouraged by the profession, and is regarded by this Association, as a practice to be deprecated.

Moved by Dr. Bingham, of Waterloo, seconded by Dr. Lutz, of Elmira, Resolved; that the publishing, causing to be published, or conniving at the publication in the newspapers, of accounts of surgical operations, or other matters in reference to private practice by medical men—a thing of common occurrence of late—is simply to be looked upon as so much gratuitously secured service in

the shape of *ad captandum* advertising, which being thus obtained, perpetrates a petty fraud upon the newspaper proprietor, while earning contempt for those who resort to it.

Moved by Dr. Vardon, seconded by Dr. Jackson, that the Secretary of this Association be instructed to send a copy of the above resolutions to the Toronto daily papers, and also to the different papers published in this county.

Books and Pamphlets.

ZIEMSSSEN'S CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Vol. X.; "On Diseases of the Female Sexual Organs," by Dr. Karl Schroeder; New York; Wm. Wood & Co.

Volume X. of Ziemssen's Cyclopædia of the Practice of Medicine, viz.: Schroeder's "Diseases of the Female Sexual Organs," has been sent to us by the publishers, with a notice that the volumes of the German edition were not being issued in regular succession, some of those treating upon the subjects of greatest importance having the precedence, although numbered to conform to the plan of the entire work. It has been concluded to follow the same course with the translation, and in compliance with the expressed wish of many subscribers the present volume has been issued. Like its predecessors it is marked by extreme minuteness of detail and comprehensiveness, and is further furnished with numerous admirably executed illustrations. The translation is sufficiently literal and natural to express fully the text of the writer, who like his countrymen in general, has entered very minutely into all the subjects treated upon viz.: Gynæcological Examinations, subdivided under seven heads; Diseases of the Uterus, subdivided into Malformations, Inflammations and results, Flexions and Versions, Prolapse, Inversion, Fibroids, Fibrous polypi, Cysts, Papillary tumors, Cancer, Sarcoma, Echinococci and Hysteralgia; Menstruation and its derangements, subdivided into four; Diseases of the Fallopian tubes, Diseases of the Ovaries, Diseases of the Uterine ligaments and of the adjacent portions of the peritoneum, Diseases of the Vagina, Diseases of the Vulva. A due conception of these various malformations and diseases is greatly facilitated by one hundred and forty-seven well-executed woodcuts. Professor Schroeder's work shows the diligence, the ability,

and the discrimination with which he has gleaned from the bedside, and from study, a vast mass of valuable clinical knowledge. We have little doubt that this volume of Ziemssen's Cyclopædia will induce many to become subscribers.

CHOLERA EPIDEMIC, OF 1873, IN THE UNITED STATES.

This large and important work, which is the joint labor of Dr. Woodworth, supervising surgeon of the Marine Hospital service, and Dr. McClellan, assistant surgeon, U. S. A., is very creditable to them. It embraces a full and complete history of the causes, history and progress of epidemic cholera, with special reference to the outbreak of 1873. It is especially interesting to those who have appointments as officers of medical health, but may also be read with interest and profit by the general practitioner. The bibliography, which comprises about 300 pages, is the work of J. S. Billings, of Washington. It is a most complete and exhaustive work on the subject.

Births, Marriages, and Deaths.

On the 7th Oct., at Guelph, the wife of Dr. Brock, of a son.

On Oct. 10th, at 514 Queen Street west, the wife of Dr. E. J. T. Fisher, of a son.

On the 20th October, in Toronto, by the Rev. Mr. Broughall, Dr. J. E. White, of Beaverton, to Annie G. Hewitt, only daughter of the late Thomas G. Wallis, Esq., of Toronto.

On the 29th September, of typhoid fever, Dr. J. L. Simpson, of Fredericton Junction, N.B., aged 41 years.

On the 29th September, at Dundalk, of dysentery, J. B. Johnston, M.D., aged 36 years and nine months.

On the 16th of July, at Redwood, California, A. N. McBrien, M.D., formerly of Clarke, Ont., aged 38 years.

On the 12th Oct., at Glenhurst, Toronto, Wm. R. Beaumont, M.D., F.R.C.S., England, aged 72 years.

On the 14th Oct., at Prescott, in his 83rd year, W. J. Scott, M.D., Registrar of the County of Grenville, and father of the Hon. R. W. Scott, Senator, and Secretary of State for Canada.

On the 9th of Oct., Dr. Robert Walker, of Woodhouse, aged 46 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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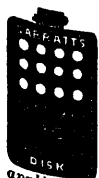
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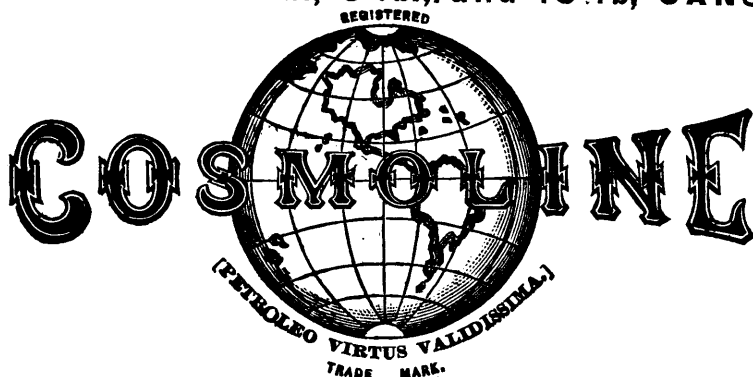
Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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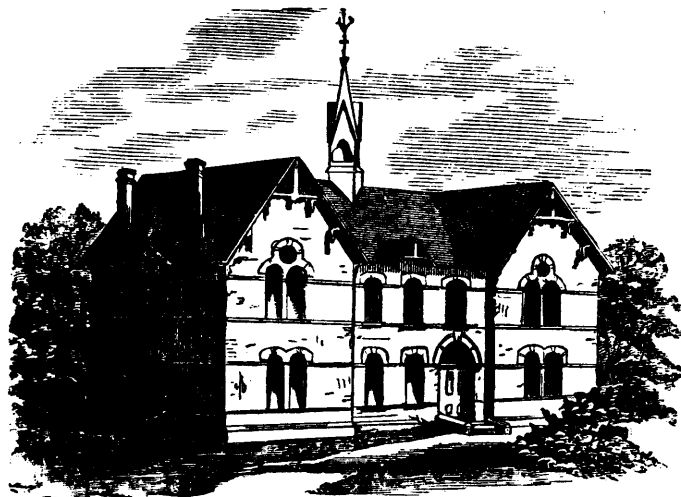
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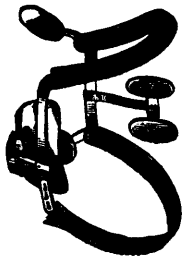
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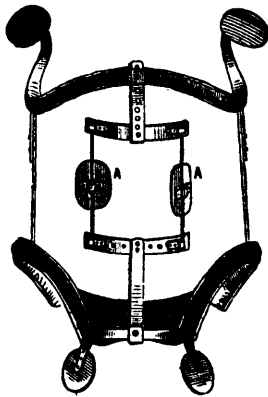
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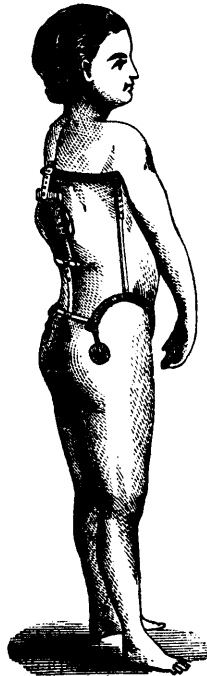
Fig. No. 12.



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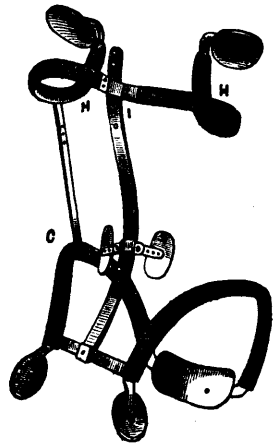


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4th Height of person. All measures to be in inches.
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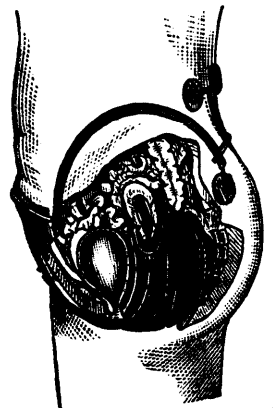
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